**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000031189

## **FILED** May 04, 1999 8:00 am Secretary of State

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Principal Place of Business Mailing Address							1			
1730 SUNSET POINT RD 1730 SUNSET POINT RD CLEARWATER FL 34615 CLEARWATER FL 34615						DO NOT WRITE IN THIS SPACE				
	•							3. Date Incorporated or Qualifed	HIS SPACE	
							04/20/1995	<del>, , , , , , , , , , , , , , , , , , , </del>		
2. Principal Place of Business			2a.	2a. Mailing Address				4. FEI Number	<b>⊢</b> ——	pplied For
21			26					59-3311836		lot Applicable
Suite, Apt.	. #, etc.		27	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional Required
City & Stat	te			City & State				8. Election Campaign Financing		May Be
23			28					Trust Fund Contribution	Added	l to Fees
Zip		Country	· L :	Zip	_	intry		8. This corporation owes the current year		_
24		25	29		30	<del></del>		Personal Property Tax.	□Yes	□No
	9. Name	and Address of Cu	urrent Registe	ered Agent		81		10. Name and Address of New Registe	red Agent	
P07	MOSKI IOI	LIN ID				°'	Name			
BOZMOSKI, JOHN JR 600 BYPASS DR, 215						82	Street Address (P.O. Box Number is Not Acceptable)			
		-1, 213 FL 34624-3050				-				
0.00	ANWAIGH I	-L 34024-3030				83		•		
		• •				84	City		FL 85 Zip	Code
11. Pursuant	t to the provisi	ons of Sections 607	7.0502 and 60	7.1508, Florida Stati	ites, the a	bove-r	named corpo	ration submits this statement for the purpos n's board of directors. I hereby accept the a		s registered
office or i agent. I a	registered age am familiar wit	ent, or both, in the S th, and accept the o	State of Florida bligations of, S	a. Such change was Section 607.0505, F	authorized orida Stat	d by the utes.	e corporation	n's board of directors. I hereby accept the a	ppointment as r	egistered
SIGNATURE	·			****	FFC Francisco	T 4 4 - i		DAT		
	Signature, typed	or printed name of registere				Agent si	ignature required	when reinstating)  ADDITIONS/CHANGES TO OFFICER:		ORS IN 12
12.	Signature, typed		od agent and title if S AND DIREC	CTORS	13.		ignature required	when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS		
12. TITLE	Signature, typed	OFFICER			13. 1.1 TI	TLE	ignature required		S AND DIRECT	
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12. TITLE NAME STREET ADDRESS	D MENTOR, 1730 SUN	OFFICERS  GERALD B ISET POINT RD		CTORS	13. 1.1 TI 1.2 No 1.3 ST	TLE AME FREET AL	DORESS		S AND DIRECT	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: