FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000035121

1. Corporation Name

GROUP D, INC.

Principal Place of Business

GROUP D. INC. 2035 BAHIA VISTA SARASOTA FL 34230 Mailing Address

15 CROSSROADS. #126 SARASOTA FL 34239

FILED Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90029 049 ***150.00



DO NOT WRITE IN THIS SPACE

						3. Date Incorporated or Qualifed			
						05/01/1995].
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	App	lied For]
26						65-0589116	Not	Applicable] { }
Suite, Apt. #, etc. Suite, Apt. #, etc.						_ \$	8.75 A	dditional] ;
27						5. Certifcate of Status Desired	Fee Red	quired	ļ
City & State City & State						6. Election Campaign Financing S5.00 May Be			
23 28						Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangi	ble		
			30			Personal Property Tax.			
Name and Address of Current Registered Agent						10. Name and Address of New Registered Age	nt		
					Name				
TENNELL PERRY R				82 Street Address (P.O. Box Number is Not Acceptable)					┨
325 JOHN RINGLING BLVD.			ı	82 Street Address (P.O. Box Number is Not Acceptable)					
SARASOTA FL 34236			l	83				BE STEEL	1
				1995年				IXXI II 31 IXX	
		•		84	City	F1 8	5 Cip C	ode	
1000 p. n. n. n.	the secondary of Continue 607 0602	and 607 1509 Florida Statut	ec the at	201/0	-named corno	pration submits this statement for the purpose of cha	naina its	registered	1
office or re	edistered agent or both in the State of	t Florida. Such change was al	utnonzea	DV I	ine corporatio	n's board of directors. I hereby accept the appointment	ent as reg	jistered	l
S≙f⊇agent.ll.ar	n familiar with, and accept the obligation	ons of, Section 607.0505, Flo	rida Statu	ites.					l
SIGNATURE		Les V. Alore	Danistand	A	nicant as somitand	(when reinstating) DATE			l
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	Agent	signature required	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTO	RS IN 12	1 -
TITLE	PD.	□ DELETE	1.1 TITLE				Change	Addition	1
			1.2 NAME				-		Ľ
NAME	TENNELL, PERRY		E	E I					
STREET ADDRESS	•			1.3 STREET ADDRESS 1.4 City-St-ZiP					l
CITY-ST-ZIP	SARASOTA FL 34236	T DELETE					Change	Addition	1
TITLE	D	□ nere ie				,	Onungo		l
NAME	GEORGE, JOHN			2.2 NAME				•	ŀ
STREET ADDRESS	3261 BAYOU RD.				ADDRESS			. .	l
CITY-ST-ZIP	LONGBOAT KEY FL 34228			TY-S	T-ZIP		Change	☐ Addition	┨
TITLE	☐ DELETE C			3.1 TITLE		. 🗀	Change	Addition	l
NAME	ATTACATION OF THE PARTY OF THE	3.2 N					į	*	
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NAME CHARAGE DE TRAC		将 (4. 1. ** * * * **	4.2 N	AME.					
				4.3 STREET ADDRESS			•		
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TITLE .		☐ DELETE	5.1 TI	LE			Change	Addition	
NAME			5.2 NAME						ŀ
STREET ADDRESS			5.3 ST	REET	ADDRESS				4
CITY-ST-ZIP		** #	5.4 CI	ry-st	r-ZIP	A STATE OF THE STA]:
TITLE	अक्रीकार्याच्या है स्टिक्ट	☐ DELETE 6.1					Change	Addition	
NAME.	325 Abrahadi. () 3 .	A STATE OF THE STA							
STREET ADDRESS	SAN HOUSE TO SANS			6.3 STREET ADDRESS		•	,		
	SIRCE I ADDRESS			TY-ST	-ZIP	•			
CITY-ST-ZIP			0 0.			Seller (40 07/2)/(i) Florido Statutos I further cortifu			_

an supplied will this limit dues not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplierental 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 an or the reserver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in on on an attachment with an address, with all along the programment of the reserver. indicated on this annual report officer or director of the concor-Block 12 or Block 13 if change

SIGNATURE: