	PROFIT PORATION		FLORIDA DEPA			TE	SECRE	TARY O	F STA	1E
	JAL REPORT	Katherine Harris Secretary of State				FILED SECRETARY OF STATE DIVISION OF CHEPORATIONS				
•	1999		DIVISION OF CORPORATIONS				99 SEP 30 AM 10: 25			
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	M CORPORATION	1								
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rincipal Place of Business			Mailing Address			- - 10651096 106 1061 16111 161116 	Olk) Yadıl Oğlu		\$(4) 0 1000 40 14 4001	
056 CYPRES Ampa FL 33	S TRACE DR. 624		5056 CYPRESS TRACE DR. TAMPA FL 33624							
							DO NOT WRI 3 Date Incorporated or Qualified		SPACE	
						06/01/1995				
Principal Place of Business			a. Mailing Address				4, FEI Number 59-3323470			
Suite, Apt	#, etc.	27	26				S. Certificate of Status Desired			5 Additional Required
City & Stat	e	(28)	City & State				6, Election Campaign Financing Trust Fund Contribution			
Zφ	Country 25		Zıp	Country			a. This corporation owes the current year Intangible Personal Property. Yes No			
	Land and a	ess of Current Regist	tered Agent	.1271	Ţ <u></u>		10. Name and Address of New I			
GILFORD, THEODORE						me				
5056 CYPRESS TRACE DR.				82 Street Addre			ss (P.O. Box Number is Not Accepta	ible)		
TAN	MPA FL 33824				83					
					84 Cit	y			85 2	ip Code
I. Parsuani	to the provisions of sect	tions 607.0502 and 60	7.1508, Florida Statute	es, the at	L I юve-лат	ed corpora	ation submits this statement for the pon's board of directors. I hereby accept	urpose of cha	anging its	s registered
agent L	registered agent, or both ani familiar with, and acc	 in the State of Florid cept the obligations of 	da. Such change was , section 607.0505, Fi	authorize orida Sta	d by the o	corporation	n's board of directors. I hereby accep	ot the appoin	itment a	s registered
IGNATURE	Signature, typed or printed name			OTE Registe	ered Agent si	gnature requir	ed when reinstating)	DATE		
F	PSTD	FFICERS AND DIRE		13.	TI E		ADDITIONS/CHANGES TO OF	FICERS AN		P -
	GILFORD, THEODO	ORE	L_ DELETE	1.2 N					Chan	
M.	5056 CYPRESS TR						300003	ROTE		
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5 4 CITY-ST-ZIP

63 STREET ADDRESS

6 1 TITLE 6.2 NAME

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DELETE

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 Eleck. 12 or Block 13 if changed, or on an attachment with avaddress.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Date

Change Addition