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FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90026 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P 95000044523

1. Corporation Name

TBO Unlimited, Inc

Principal Place of Business

Mailing Address

549 BRANDON TOWN CENTER
 BRANDON, FL 33511

549 BRANDON TOWN CENTER
 BRANDON, FL 33511

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

6/9/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

59-3326922

Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23. Zip

Country

28. Zip

Country

6. Election Campaign Financing

\$5.00 May Be Added to Fees

24. Zip

Country

29. Zip

Country

8. This corporation owes the current year Intangible Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VICTOR HOLCOMB
 415 SOUTH HYDE PARK AVE
 TAMPA, FL 33606

81. Name

STEVEN HEISLER

82. Street Address (P.O. Box Number is Not Acceptable)

4711 S. HIMES AVE #1909

83.

84. City

TAMPA

FL

85. Zip Code

33611

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Steven Heisler STEVEN HEISLER

4/20/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. 4711 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President	<input checked="" type="checkbox"/> DELETE
NAME	Steven Heisler	
STREET ADDRESS	7022 Fountain Ave	
CITY-ST-ZIP	Tampa, FL 33634	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STEVEN HEISLER	
1.3 STREET ADDRESS	4711 S. HIMES AVE #1909	
1.4 CITY-ST-ZIP	TAMPA FL 33611	
2.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TUGRVI YILMAZ	
2.3 STREET ADDRESS	7610 RIVERCOURSE DR	
2.4 CITY-ST-ZIP	TEMPLE TERRACE, FL 33637	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	7610	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: Steven Heisler STEVEN HEISLER Date: 4/20/99 Daytime Phone #: 813-689-6696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)