Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90032 050 ***150.00

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**

 Corporation 	MENT# P95000 IAL INJURY ASSOCIATES,						
Principal Place of Business Mailing Address					i intimis in inter acti patti gatir gatir a		1001 1161 1001
101 E KENNEDY BLVD 101 E KENNEDY BLVD							
SUITE 3170 SUITE 3170					DO NOT WRITE IN TH	116 6BVCE	
TAMPA FL 33602 TAMPA FL 33602					3. Date Incorporated or Qualifed	IIO OI AOL	
					06/09/1995		
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	. Apr	olied For
21 26			¬, ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		59-3326239	<u> </u>	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-\$8.75 A	dditional -	
22		27			5. Certificate of Status Desired	Fee Rec	uired
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	May Be
23				Trust Fund Contribution	Added to	Fees	
Zip	Country	Zíp	Country		8. This corporation owes the current year		_
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Register	ed Agent	
***	EV DICHADD II		81	Name			
MANEY, RICHARD H			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
101 E KENNEDY BLVD							
SUITE 3170			83				
TAMPA FL 33602 ,			84	City	4	. 85 Zip C	ode
				•			
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was at	ithonzed by t	-named corp he corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as reg	istered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Agent	signature require	d when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	Р	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	MANEY, RICHARD H		1.2 NAME				
STREET ADDRESS	404 E VENNEDY DIVID OUTE 0470		1.3 STREET	ADDRESS			I
CITY-ST-ZIP	TAMBA EL 00000		1.4 CITY-ST	ZIP			
TITLE	V DELETE		2.1 TITLE			☐ Change	☐ Addition
NAME	MANEY, RICHARD H		2.2 NAME	1			
STREET ADDRESS 101 E KENNEDY BLVD SUITE 3170			2.3 STREET	ADDRESS			_
CITY-ST-ZJP	TAMPA FL 33602	:	2. 4 CITY+S1	- ZIP			
TITLE	ST DELETE		3.1 TITLE			Change	Addition
NAME	MANEY, RICHARD H		3.2 NAME				
STREET ADDRESS	ADDRESS 101 E KENNEDY BLVD SUITE 3170		3.3 STREET	ADDRESS			
CITY-ST-ZIP	TAMPA FL 33602		3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME		,		
STREET ADDRESS			4.3 STREET	ADDRESS			
C/TY-ST-Z/P			4.4 CITY-ST	ZIP			
TITLE	DELETE		5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME			,	
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST	-ZIP			
TITLE .		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			

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 graphowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP