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 # P95000044881

1. Corporation Name

Principal Place of Business	Mailing Address	
2211 NO. HERCULES AVENUE	2211 NO. HERCULES AVENUE	
CLEARWATER FL 34823	CLEARWATER FL 34623	

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

05-04-1999 90084 025 ***150.00



2. Principal Place of Business 2a. Mailing Address 4. F	Date Incorporated or Qualifed 06/01/1995 FEI Number Applied For 59-3317232 Not Applicable \$8.75 Additional		
Suite Ant # etc	59-3317232 Not Applicable		
Suite Ant # etc	\$8.75 Additional		
Suite, Apt. #, etc.	\$8.75 Additional		
27	Certificate of Status Desired Fee Required		
- '	Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
	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		
81 Name			
MIZIO, ARMANDO F 25400 US 19 NORTH STE 210 82 Street Address (P.C	82 Street Address (P.O. Box Number is Not Acceptable)		
CLEARWATER FL 34623	13		
84 City A4 Description of Sections 607.0502 and 607.1508. Florida Statutes, the above named comporation.	FL 85 Zip Code 33763		

r unsuant to the provisions or sections our toget and our response or change was authorized by the corporation's board of directors. I hereby accept the appointment as 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.

agent. ra			,
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOT	E: Registered Agent signature re	equired when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1.1 TITLE	Change ☐ Addition
NAME	MEISER, STARR L	1.2 NAME	
STREET ADDRESS	2588 NORTHFIELD LANE	1.3 STREET ADDRESS	ļ
CITY+ST-ZIP	CLEARWATER FL 34621	1.4 CITY-ST-ZIP	Clearwater, Florida 33761
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	_
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	·
πLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4, 2 NAME	
STREET ADDRESS		4,3 STREET ADDRESS	
CITY-ST-ZIP	<u> </u>	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	5.5mg (水)(1985)等	6.2 NAME	
	to the first the second	6.3 STREET ADDRESS	
CITY-ST-ZIP	<u> </u>	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:

734-1583