Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90106 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000047731

1. Corporation Name

TAMPA BAY MAIDS OF BRANDON, INC.

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Principal Flace	of Business	Mailing Address				
1209 BRANDON BRANDON FL 3		3805 N. HINES TAMPA FL 33607				DO NOT WRITE IN THIS SPACE
US		U\$				3. Date Incorporated or Qualifed 06/16/1995
2. Principal Pl	lace of Business	2a. Mailing Address	a. Mailing Address			4. FEI Number Applied For
21		26				59-3320692 No: Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip -	- Country -	Zip	Count	tгу		8. This corporation owes the current year intangible
24	25		30			Perso nal Property Tax.
	9. Name and Address of Curre	en: Registered Agent			A1	10. Name and Address of New Registered Agent
CIED	DA ARELADIO III		1	31	Name	
	ira, abelardo III 5 n. himes		8	32	Street /	t Arldress (P.O. Box Number is Not Acceptable)
TAMPA FL 33607			(6	33	. 	
			L			
			8	34	City	FL 85 Zip Code
agent. I a	m familiar with, and accept the oblig	at ons of, Section 607.0505, Florid	da Statut	es.		por ation's board of directors. I hereby accept the appointment as registered
12.		NO DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITL	E	ļ	Change Addition
NAME	SEIRRA, ABELARDO III		1.2 NAM	E		,
STREET ADDRESS	3805 N. HIMES		1.3 STREET A		ADDRESS	5
CITY-ST-ZIP	TAMPA FL 33607		1.4 CITY-ST-ZIP		ZIP	Change Addition
TITLE	D OFFICE CANDON	☐ DELETE	2 1 TITL	1		Change Addition
NAME	SIERRA, SANDRA		2.2 NAM			
STREET ADORE 3S	3805 N. HIMES		1	2.3 STREET ADDRESS		5
CITY-ST-ZIP	TAMPA FL	— — — — — — — — — — — — — — — — — — —	2.4 CIT		- ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TITLE 3.2 NAME		Į	
NAME			1	_	ADDRESS	
STREET ADDRESS				3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITU		- <u>/ Ir</u>	☐ Change ☐ Addition
NAME			4, 2 NAN			
STREET ADDRESS				_	ADDRESS	5
CITY-ST-ZIP			4.4 CITY		1	
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAM			
STREET ADDRESS			5.3 STR	EET,	ADDRESS	s
CITY-ST-ZIP	L.		54 CITY	-ST-	ZIP	
TITLE		☐ DELETE	6 1 TITL	E		☐ Change ☐ Addition
NAME			6.2 NAM	Œ		
CENTER ADDRESS			63STR	EET	ADDRESS	s

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 receivand further empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 1.2 or Block 13 if changed, or on an attach nent with an other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR