FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P95000051173**1. Corporation Name

Principal Place of Business

JONATHAN JAMES DAMONTE, CHARTERED

12110 SEMINOL LARGO FL 3377 US		12110 SEMINOLE BLV LARGO FL 33778 US	/D			3.	DO NOT W Date Incorporated or Qualife 06/30/1995	RITE IN THIS	SPACE	
6 Di 1 1 1 1 1	I Durings	2a. Mailing Address			-	1	FEI Number		1	Applied For
⊢ `	lace of Business	\vdash				**.	59-3334056			Not Applicable
21		26				┼-	<u> </u>			Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc	i.			5.	Certifcate of Status Desired			Required
22		27				╅─				<u>'</u>
City & State	e	City & State				6.	Election Campaign Financin	g 🗆		O May Be d to Fees
23		28	<u></u>	ountry		+-	Trust Fund Contribution			d to rees
Zip				ountry		8. This corporation owes the current year Intangible Personal Property Tax				
24	25 29 30			_T		٠.	Personal Property Tax. Name and Address of Nev	. Dogistored		12110
	9. Name and Address of Currer	nt Registered Agent		81	Name	10.	Name and Address of Nev	Registered	Agent	
DAM	ONTE, JONATHAN J	* * .		0'	ivaine					
				82	Street Addre	ss (F	P.O. Box Number is Not Acce	ptable)		
	O SEMINOLE BLVD						1	×2 - 0 1 +044.	& 20 9: F67 F	61 - 48 9 1 9 - 44 - 24 - 44
LAHO	GO FL 33778			83			17. 图 数 图 数			
				84	City		*** \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	# P CRU F CAS	85 Z	p Codé
l	to the provisions of Sections 607.050				,				<u>- </u>	-
office or n agent. I a SIGNATURE	to the provisions of Sections 607.05c egistered agent, or both, in the State in familiar with, and accept the obligations of the state	tions of, Section 607.050	5, Florida Sta	atutes.	•		reinstating).	DATE	witherit as	
12.	OFFICERS AN	ID DIRECTORS	13	3.			ADDITIONS/CHANGES TO (OFFICERS A		
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CITY-ST-ZIP 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.

6.3 STREET ADDRESS

6.4 CÎTY-ST-ZÎP

NAME

STREET ADDRESS

1/28/99

FILED

Feb 13, 1999 8:00am

Secretary of State

02-13-1999 90013 037 ***150.00

(727) 586-2889