Apr 08, 1999 8:00 am Secretary of State

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## 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 # P95000063110

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Principal Place	of Busines	s	Mai	iling Address				'				
1129 LEISURE /				LEISURE AVE								
TAMPA FL 33613 TAMPA FL 33613								DO NOT WRITE IN THIS SPACE				
US			US					3. Date i	ncorporated or Qualife			
1								08/0	8/1995			
2. Principal Place of Business			2a.	2a. Mailing Address				4. FEI N				pplied For
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Suite, Apt.	#, etc.			Suite, Apt. #, etc.				5 - Certifo	ate of Status Desired	TXI		Additional
22			27					0. 00.4				Required
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23			28	7:-	Cov	intry			Fund Contribution			to Fees
Zip		Country		Zip		anuy		l ·	orporation owes the c nat Property Tax.	urrent year in	tangible	<b>™</b> No
24	0 Name	25 and Address of Curre	29	ered Agent	30	1	·		and Address of Nev	w Registered		
	J. Ivanie	and Address of Curt	ent ivegiat	orea Agent		81	Name					
JASP	PERS, JOH	ANNES C						(E O D-	. Normania Nat Appa	ntoblo)		
1129	LEISURE	AVE				82	Street Addre	SS (P.O. BO	x Number is Not Acce	(plable)		
TAMI	PA FL 336	13				83		_				
		·									lac Zio	Code
l		:				84	City			Fl	<b></b> \ \ `	
11. Pursuant	to the provis	sions of Sections 607.05 ent, or both, in the Stat	502 and 60	7.1508, Florida Stat	utes, the a	bove	e-named corpo	ration subm	its this statement for t	he purpose o	f changing i	ts registered
office or re	egistered ag	ent, or both, in the Stat	e of Florida	a. Such change was	authorized	d hv		n's board of	directors. I nereby ac	серт тпе арро	unument as a	egistered
agent. Las	m familiar w	ith, and accept the oblic	ations of.	Section 607.0505, F	lorida Stat	tutes	ine corporation					
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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 changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

813-265-9116