•							
FILE NOW:	FILING	EEE	AFTER	MAV	10T I	9	ዩፍፍብ ሰበ
TILL NOW.	ILLIIAO	1 5 5	WI IFIX	IAIN	1011	J,	9 230.00

PROFIT CORPORATION ANNUAL REPORT 1999 **DOCUMENT #**

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State 1 DIVISION OF CORPORATIONS

1797/15

FILED

99 HAR -8 PM 1:45

1. Corporation Name 7900	A SHOULD'S OF CTATE					
ZANDER CORP	SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business	Maring Address		! 			
2126 VIOLADR.						
CLEARWATER, FL 33764	CLEARWATER, F		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 59-3338430	Applied For Nat Applicable		
Suite, Apt #, etc.	Suite Apt #, etc		5. Certificate of Status Desired []	\$8.75 Additional Fee Regulared		
City & State				\$5.00 May Be Added to Fees		
Zip Country 24 [25] 9. Name and Address of Current F	[30]	iuntry	This corporation owes the current year In Personal Property Tax Name and Addless of New Registered	[] Yes XNo		
THE LAW FIRM OF	tegistered Agent	81 Name	To. Name and Address of New Registered	Agent		
THE CHW FIRM OF	- . 0		ss (P.O. Box Number is Not Acceptable)			
LAWRENCE J. SPIEGO 343 ALMERIA AVE	L, CHARTERED	83	, , , , ,			
CORAL GABLES, FL	33134	84 City	FL	85 Zip Gode		
Pulsuant to the provisions of Sections 607.0502 a office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation.	Florida. Such change was authorize	ed by the corporation	ration submits this statement for the purpose of is board of directors. Thereby accept the appu	Changing its registered intiment all registered		
SIGNATURE Stay of the edge of printed make of registered agent as	at the if application (NOT). But notes	ed Ages I says abase to pure til	Sterife (200)			
12. OFFICERS AND	DIRECTORS 13		ADDITIONS CHANGES TO DEFICERS A	ND DIRECTORS IN 12		
President.	DELETE 11:	1 -	resident	[Chunge KAddition		
Gerald D-Freed			FODURE A. FREED			
STREET ADDRESS 30 Bay Pointe Dr CITY-SI-ZIP Ornord Beach,	-		26 VIOLA DR. EARWATER, FL 3371	64		
THILE	7.0	LAF	nce sy jaskwapas Tabananar			
NAME	271	NAME	-03/12/99-	-01012~-015		
STREET ADDRESS	233	STREET ADDRESS	****150.00			

CITY-ST-ZIP 2 4 CHTY-\$1-ZIP [| DELETE [[Addition TITLE 3.1 Tr'u**F** . [| Change NAME 3.2 NAM: STREET ADDRESS 3 3 STREET ADDRESS City-St-ZiF 3.4 City-51-7iP [| DELFTE TITLE 4 * TITLE [[Addition NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 (11) \$1-26 [| DELETE 5.17016 { [AddJayre TITLE 5.2 NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - ZIF CITY-ST-ZIP 6 TITLE [] DELETE TITLE 6.2 NAME NAME 63 STREET ADDRESS

CITY-ST-ZIP 14. Thereby 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 suppliemental 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 trystee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 12 or Block 13 if granged, or on an attachment with an address, with all other like empowered.

6.4 CITY - ST - ZIP

LODGIE A. THEODORE A. FREED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

50ex 0184-868 (CEC) PALCETE