PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # POSOCOCOCO

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90069 041 ***150.00

	ARRISON, INC.				
Principal Place	e of Business	Mailing Address	<u> </u>	1 (Childe) 114 (Biet Bille Ben) ettil davi abrit	19179 81111 82111 94194 1111 1881
15176 U.S. 19 I CLEARWATER F		15176 U.S. 19 NORTH CLEARWATER FL 34624		DO NOT WRITE IN THIS	SSPACE
				3. Date Incorporated or Qualifed	-
				01/01/1996	
2. Principal P	Tace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3349696	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	88	City & State		6. Election Campaign Financing	\$5,00 May Be
23		28		Trust Fund Contribution	Added to Fees
^{Zip} 33	Country	Zip 22 7/21/20	Country	This corporation owes the current year Info Personal Property Tax.	tangible
24 23			0	10. Name and Address of New Registered	
	9. Name and Address of Curren	nt Registered Agent	81 Name	10. Name and Address of New Registered	Agem
CON	IETTA, TAMI F ESQ.		MA	RN W HACKISON	
	COURT STREET, SUITE 102		82 Street Address (P.O. Box Number is Not Acceptable)		ALLONNA E
	ARWATER FL 34616		83 /5//	1 / E/ 1 - L L L L L L L L L L L L L L L L L L	
ULL!	ATTIVATED TE OTOTO		03		
			84 City	fi Fi	85 Zip Code 237/04
44 5	to the new laining off Sections SO7 050	22 and CO7 1508 Florida Statutes	the shove asmed com	ovation submits this statement for the purpose of	
office or n	registered agent, or both, in the State	of Florida. Such change was sut	horized by the corporation	oration submits this statement for the purpose of on's board of directors. I hereby eccept the appoints to the control of the	Intment as registered
			la Statutes.	HACKERN 3-	29-99
SIGNATURE	Signature/typed of printed name of registered age!	var !!	HIKUL VV	1 1787 1301 - 2 ·	0//
		ifit and little if sopiicable. (NOTE: F	legistered Agent signature required	d when remetisting) DATE	
12.		If and life if applicable. (NOTE: R	tagistared Agent algneture required	d when (NUMBERS) ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS IN 12
12.					ND DIRECTORS IN 12
	OFFICERS AN	ID DIRECTORS	13.		ND DIRECTORS IN 12 Ø
TITLE	OFFICERS AND HARRISON, MARK W	ID DIRECTORS	13. 1.1 TITLE		ND DIRECTORS IN 12 Change Addition Storage
TITLE NAME	OFFICERS AN D HARRISON, MARK W	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME		ND DIRECTORS IN 12 Change Addition (80)
TITLE NAME STREET ADDRESS	OFFICERS AND D HARRISON, MARK W 15176 U.S. 19 NORTH CLEARWATER FL 34624	ND DIRECTORS DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS		
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indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same repai since as it made under cath; that it am an officer or director of the corporation or the science or tripstee empowered to excite this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

D NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: