PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600002457

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90218 050 ***150.00

EVENT 6	ELECTRONIC AS	S <mark>EMBLY, I</mark> I	VC∙													
Principal Plac	e of Business		Mail	ing Address						A11841 (18 16114 811)		FI MINIST MINIST	1181		1147 1281 1881	
•				13712 66TH ST N												
UNIT A				UNIT A						DO NO	T \A/DIT	E IN TH	S SPACI	F		
LARGO FL (14641 LARGO FL 34641									DO NOT WRITE IN THIS SPACE 3. Date Proorporated or Qualified							
					_				01/04/	/1996						
2. Principal P	Place of Business		2a. 1	Mailing Address					4. FEI Nur						lied For	
21			26						59-320	8/162			60		Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired Sequence Fee Required							
City & State				City & State					6. Electic n Campaign Financing \$5.00 May E					/lay Be		
23				28					Trust Fund Contribution				Ac	Added to Fees		
Zip Country			Zip Cour			ıntry			8. This corporation owes the current year In						_	
24	25		29 30						Personal Property Tax. 10. Name and Address of New Registered A				☐ Ye:	s	⊒No	
	9. Name and Add	ress of Curren	Registe	red Agent		041	N.1.		10. Name a	and Address of	New R	egister	d Agent			
EVA	NC STANIEVE				'	81	Name									
EVANS, STANLEY F 13712 66TH ST N UNIT A LARGO FL 34641							Street	Addre	ess (P.O. Box	Number is Not	Accepta	ble)				
LAR		-	84	City						85	Zip C	ode				
											,	F		**		
SIGNATUF:E	to the provisions of S registered agent, or of am familiar with, are a Signature, type or builded in	a ne of ragistered ager	and title if a	pplicable. (NO)	<u> </u>	M	JR (ΙE	when reinstating)	SD)	 7	/ 2/ /	,)			
12.	nD.	OFFICERS AND D				E.		T^-	AUUITIO	INS/CHANGES	TO OF	ricens .	☐ Ch		Addition	
TITLE	1 -	EVANS, STANLEY F														
NAME	40740 COTH OT NUMBER		1		1	1.2 NAME 1.3 STREET ADDRESS										
STREET ADDRESS	LARGO FL	N OWNIA			1											
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STREET ADDRESS					5.3 STR	REET	ADDRESS	:								
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TITLE			-	☐ DELETE	6.1 TITL	E		T^-					☐ Ch	nange	Addition	
NAME					6.2 NAM	Æ										
					63.STB	EFT	ADDRESS									

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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP