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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000010501

1. Corporation Name

	COMPANIES, INC.										
Principal Place	e of Business	Ma	ailing Address					-	P)(C 84(1) W8(4) )	1814 8 B 181 B 131	
4702 PARK BLVD 4702 PARK BLVD											
PINELLAS PARK FL 33665 PINELLAS PARK FL 33665											
								DO NOT WR		SPACE	
								3. Date incorporated or Qualifed			ľ
			44.39					01/29/1996 4. FEI Number		- 1 1 4	Applied For
<b>—</b>	lace of Business		Mailing Address					59-3355362		<b>├</b>	lot Applicable
21		26	Suite, Apt. #, etc.					39-3333302			Additional
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.					5. Certifcate of Status Desired			Required
City & State		27	City & State					6. Election Campaign Financing		\$5.00	May Be
23	6	28	ony a olalo					Trust Fund Contribution			to Fees
Zip	Country	20	Zip	-	Country	,		8. This corporation owes the cur	rent year Int	angible	
24	25	29		30	-			Personal Property Tax.	•	☐Yes	□No
	9. Name and Address of Curi		tered Agent		T			10. Name and Address of New	Registered	Agent	
			<u> </u>		81	Nan	1e	<del></del>	·		
	HANAN, WILL T				82	Stro	ot Addro	ess (P.O. Box Number is Not Accept	table)		
l	PARK BLVD				02	300	ei Addre	ss (i .o. box rumber is recept	,		
PINË	LLAS PARK FL 33665				83			==-			
					84	G.E.				85 Zip	Code
					04	City			FL	.	
11. Pursuant office or reagent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the obline to the section of the sectio	0502 and 6 ate of Florio ligations of,	07.1508, Florida Sta ta. Such change wa Section 607.0505,	atutes, th is author Florida S	ne abov rized by Statutes	e-name the co	ed corpo rporation	oration submits this statement for the n's board of directors. I hereby acce	a purpose of ept the appoi	changing ii ntment as i	registered
CICNATURE											ļ
SIGNATURE	Signature, typed or printed name of registered	agent and title	if applicable (N	IOTE: Regis	stered Age		re required	when reinstating)	DATE		
SIGNATURE	OFFICERS		CTORS		13.		re required	when reinstating) ADDITIONS/CHANGES TO O			
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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 changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS