Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90088 002 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000021486

DIANE COLLINS & ASSOCIATES INC.

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Principal P ace of Business			Mailing Address				, , , , , , , , , , , , , , , , , , , ,	•			
2803 W BUSCH BLVO			2803 W BUSCH BLVD								
SUITE 110			SUITE 110			DO NOT WRITE IN THIS SPACE					
TAMPA FL (3618 US			TAMPA FL 33618 US			3. Date Incorporated or Qualifed					
							03/07/1996				
2. Principal Place of Business			2a. Mailing Address				4. FEI Number				Applied For
21			26				<u>59-3371940</u>				Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certifcate of Status	Desired		*	Additional Required	
22		<u> </u>	27			<u>_</u>	<del></del>				
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00   May Be Added to Fees				
23			Zip		untry		8. This corporation ow		t wood nto		I i i ees
Zip	Cour	пу		30	unitiy		Persor al Property T		к уеаг тка	Yes	IJNo
24	9. Name and Add	ross of Current	Registered Agent		T-		10. Name and Address		gister∉ d A	<del>, ,</del>	
	J. Haine and Add	less of Current	registered Agent		81	Name			<del>-</del>		
COL	LINS, DIANE						. <del> </del>		<del>_</del>		
	W BUSCH BLVD				82	Street A	dress (P.O. Box Number is N	lot Acceptabl	e)		
	ΓΕ 110				83						
	IPA FL 33618										
					84	City			FL	85 Zip	o C∋de
office cri	registered agent, or bo	h. in the State o	f Florida, Such change was	s authorize	d by t	-named c	proporation submits this statem tion's board of cirectors. The	ent for the pu reby accept t	irpose of the appoir	changing i itment as i	is r∋gistered reg stered
agent. a			ons of, Section 607.0505, F					<u> </u>			
agent. a SIGNATURE		ne of registered agent	and title if applicable. (NO	Ti: Registere	d Agent		Lired when reinstating)		DATE	- DIRECT	
agent. a SIGNATURE 12.	Signature, typed or printed na		and title if applicable. (NO	Tr: Registere	d Agent		red when reinstating) ADDITIC NS/CHANG	ES TO OFFIC			
agent. a SIGNATURE  12. TITLE	Signature, typed or printed na	ne of registered agent	and title if applicable. (NO	Tri: Registere	d Agent			ES TO OFFIC		D DIRECT	
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CITY-ST-ZIP 14. 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 indicate 1 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.

64 CITY-ST-ZIP

SIGNATURE:

DIANE C. COLLINS 4/19/99 813-932-0995