**FILED** 

Jan 27, 1999 8:00am

**Secretary of State** 

A REPORTED FOR THE PROPERTY OF THE PROPERTY OF

01-27-1999 90010 043 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000021651

CITY-ST-ZIP

SLEEP WALKERS, INC.

Principal Place of Business Mailing Address									
13949 W. HILLSBOROUGH AVE STE. 4 & 5 TAMPA FL 33635		13949 W. HILLSBOROUGH AVE STE. 4 & 5 SUITE 10 TAMPA FL 33635		DO NOT WRITE IN	THIS SPACE		_		
		US				3. Date Incorporated or Qualifed			
						03/07/1996	<del>.</del>		-
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For	ᅴ
21		26				59-3378621		Not Applicab  Additional	픡
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee	Required	_	
City & State		City & State	City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip	Country	Zip			8. This corporation owes the current y	ear Intangible			
24	25	29	30			Personal Property Tax.	Tes	□No	$\dashv$
24	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Regi	stered Agent		$\dashv$
		1. J.		81	Name				
HARROP, DENNIS 13949 W. HILLSBOROUGH AVE., STE. 4 & TAMPA FL 33635		STE. 4 & 5		82	Street Add	ress (P.O. Box Number is Not Acceptable)		. is a surprise of	
				83					1
				84	City	ा न्याक्षिकारणा राष्ट्रीचीर <b>स</b> ्वार चाला वास्त्रीस्थार व	FL 85 2	ip Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Stat m familiar with, and accept the obli	502 and 607.1508, Florida Statut te of Florida Such change was a gations of Section 607.0505, Flo	tes, the a nuthorized orida State	bove by tutes.	-named corr the corporati	poration submits this statement for the pur ion's board of directors. I hereby accept th	oose of changing e appointment a	its registered registered	'
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE	: Registered	Agen	t signature require	ed wilet terrography	DATE		
12.	OFFICERS /	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			tion
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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 seport 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 fusite empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in SIGNATURE:

6.4 CITY-ST-ZIP