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 # P96000023081

MAM OF PINELLAS, INC.

Principal Place of Business

Mailing Address

FILED Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90018 012 ***150.00



34156 US HWY. 19 N. PALM HARBOR FL 34684		PALM HARBOR FL 34684			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		•	i
					03/13/1996	1 1 4		ĺ
Principal Place of Business 2a. Mailing Address					4. FEI Number		olied For	3
21	·	26			59-3365554		Applicable	(Section)
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired \$8.75 Additional Fee Required			i .
City & State	•	City & State	City & State		6. Election Campaign Financing \$5.00 May Be			1
23	₹	28			Trust Fund Contribution	Added to	Fees	-
Zip	Country	Zip	· ——		8. This corporation owes the current year Intang		1734a	l
24	25	29	30		Personal Property Tax.			1
	9. Name and Address of Current				10. Name and Address of New Registered Ag	ent .		ĺ
A LA DI		과리 시간 열리 (B1 Name				İ
CF N 2 & 2 + 6	RELL, MARISSA M 6 U.S. HWY 19N		F	82 Street Ad	dress (P.O. Box Number is Not Acceptable)			
	A HARBOR FL 34684		}	83	100 mg 1 m	1 255		
-		•	}	B4 City	-	85 Zip C	ode .	
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office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligation	Florida, Such change was all	morizea	ny the corbora	rporation submits this statement for the purpose of charition's board of directors. I hereby accept the appointment	ient as reg	gistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered A	gent signature requ	(red when reinstating) DATE			ã
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND			2
TITLE	P	☐ DELETE	1.1 TITU	£	Tarket in L] Change	☐ Addition	Ž
NAME	HARRELL, MARISSA M		1.2 NA	AE .				2
STREET ADDRESS	34156 U.S. HWY. 19N		1.3 STF	EET ADDRESS				Ĭ
CITY-ST-ZIP	PALM HARBOR FL	•	1.4 CIT	Y-ST-ZIP				Ģ
TITLE		☐ DELETE	2.1 TITI	E] Change	Addition	١٠
NAME			2.2 NA	Æ.				
STREET ADDRESS	r ,		2.3 STF	REET ADDRESS				
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TILE	energy and a second state of the second seco	☐ DELETE	3.1 ΤΠ	E] Change	☐ Addition	
NAME	Maria de la Carlo		3.2 NA	Æ	•			
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CITY-ST-ZIP	A PARTE CALL DAY		3.4. CI	Y-ST-ZIP				-
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NAME Share to 1300	(194)	79 3 30	4. 2 NA					
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP		——————————————————————————————————————		Y-ST-ZIP] Change	Addition	1
TITLE	•	☐ DELETE	5.1 T(T	i		_l change	[_] Addition	
NAME			5.2 NA		But the second		•	
STREET ADDRESS	្ន			REET ADDRESS	(and particle			13
CITY-ST-ZIP	3.4			Y-ST-ZIP		7 Chenza	T Addition	1 2
TITLE	TEMPERATURE PROFESSION FOR	☐ DELETÉ	6.1 TIT		L	_ Change	Addition	[]
NAME	Stibb US /NV 199		6.2 NA					
STREET ADDRESS	PAGE 147 PROPIE		6.3 ST	REET ADDRESS				
CITY-ST-7IP			6.4 CIT	Y-ST-ZIP				1

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 trystee 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 arachine trystian address, with all other like empowered.

SIGNATURE: