## 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 # P96000027333 1. Corporation Name

DESIDERATA T.S., INC.

Principal Place of Business

Mailing Address

1648 SEA BREEZE DRIVE TARPON SPRINGS FL 34689 30 NORTH RING AVENUE. SUITE 400 TARPON SPRINGS FL 34689

23		28		
	City & State		City & State	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	
21	Principal Place of Busin	 26	Mailing Address	

PAPPAS, LOUIS L 10 WEST BLVD TARPON SPRINGS FL 34689

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DO NOT	WRITE IN	N THIS SPACE	Cl
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- } :	<ol> <li>Date Incorporated or Qualifed 03/26/1996</li> </ol>			
	4. FEI Number		[ [ [	Applied For
	59-3368688		F	Not Applicable
	5. Certificate of Status Desired	[.]	•	Additional Required
	6. Election Campaign Financing Trust Fund Contribution	[.]		<b>0</b> May Be d to Fees
	<ol><li>This corporation owes the curr Personal Property Tax.</li></ol>	ent year	Intangible []]Yes	₩No
1	0. Name and Address of New I	Registere	d Agent	
200	rae N. Klimi	•		
ddress	(P.S. Box Number is Not Accept	able)		
01	North Ring H	<b>ven</b> i	16	
inc	te +100			
	n Sommas	E	85 Z	p Code
	ion submits this statement for the	pilroose	of changing	ts registered
	board of directors. I hereby acce			
	1 1 - 1		_	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floura Sta office or registered agent, or both, in the State of Florida, Such change was

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agent. I	am familiar with, and accept the obligations of, Section 607
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable
12.	OFFICERS AND DIRECTORS
rm c	T <b>n</b> / rv

PAPPAS, LOUIS L 1648 SEA BREEZE DRIVE STREET ADDRESS 13 STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-ZIP 1.4 CITY-ST-ZiP DELETE TITLE 21 TITLE PAPPAS, NANCY P NAME 2.2 NAME 1648 SEA BREEZE DRIVE STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-ZIP 2 4 CITY-ST-ZIP [] DELETE TITLE 31 TITLE NAME 3 2 NAME STREET ADDRESS CITY-ST-ZIP

23 STREET ADDRESS 3 3 STREET ADDRESS 34 CITY-ST-ZIP [] DELETE 4.1 TITLE 4 3 STREET ADDRESS

4.4 CITY-ST-ZIP ( ) DELETE 51 TITLE 5.4 CITY-ST-ZIP DELETE 6 1 TITLE

when renstation) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 700002776**会作で..**. ロペイロー -02/17/93---01063--018

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14. Thereby 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.

63 STREET ADDRESS

SIGNATURE:

TITLE

TITLE

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-Z#P

CITY-ST-ZIP

CR2E034