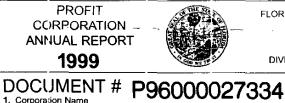
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION -ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS**

Katherine Harris

FILED Apr 28, 1999 8:00 am Secretary of State 04-28-1999 90066 015 ***150.00

IA- IAI- I	VIEDIA OF FLORIDA, INC.							
Principal Pla	ce of Business	Mailing Address			10011001 10110 11111 1111 1151			I IIIII BIBI IIII
4619 N. HESF		4619 N. HESPERIDES						
STE. F		STE. F						
TAMPA FL 33614		TAMPA FL 33614			DO NOT WRITE IN THIS SPACE			
				1	corporated or Qualif	ed		
		· 			8/1996			
	Place of Business	2a. Mailing Address		4. FEI N				pried For
21 3091 Suite, Apt		26 SAME	=	59-3	3 <u>68762</u>			t Applicable
	•	Suite, Apt. #, etc.		5. Certifo	ate of Status Desired		\$8.75 / Fee Re	
22 City & Sta	lo <u>a</u>	City & State	<u></u>					
• •	M HARBOR, FC	28 SAM	4		n Campaign Financir und Contribution	g 🗀	\$5.00 Added 8	-,
Zip	Country	Zip	Country	0.755	rporation owes the c	urrent veer n	-	ic i ees
24 FL	34684 25 USA	29 SAME	30 SAM	Person	al Property Tax.	unem year n	Yes	ΩNο
	9. Name and Address of Current	- 	1	10. Name	and Address of Nev	w Registered	Agent	
<i>U</i>			81 Name	Deren	TAKY 1	1014	ζ	
	RYDIS, PETER T		82 Street	PETER	Number is Not Acce	ntable)	>	
	9 N. HESPERIDES		02 01100		D OA14 CT		2_	
STE			83	A				
IAI	MPA FL 33614		84 City	<u>y </u>			85 Zip (2 3 10 2
			City	PAM HA	RBOR.	FL	85 Zip 0 	684
11. Pursuant	t to the provisions of Sections 607.0502 registered agent, or bo h, in the State of	and 607.1508, Florida Statut	es, the above-named	corporation submi	s this statement for t	he purpose of	changing its	ragistered
agent.	am familiar with, and accept the obligat	ions of, Section 607.0505, Flo	nda Statutes.	7017 11011 S OCTATO 61-4	rectors. I hereby ac	cept the appo !	iniment as reg	g stered
agent. Fa	am familiar with, and accept the obligat	ions of, Section 607.0505, Flo	rida Statutes.	Jone Holl's Oldard Gr	rectors. Thereby act	cept the appo	27/97	y stered
agent. 18	am familiar with, and accept the obligate PETER TAKY Signature, typed or printed name of registered against	and title if applicable (NOT	rida Statutes. : Registered Agent sign	e when reinstating)	<u></u>	4/6	27/97	· -
SIGNATURE	am familiar with, and accept the obligat PETEL Signature, typed or printed na ne of registered agent OFFICERS ANI	and title if applicable (NOT	Registered Agent signature 13.	e when reinstating)	NS/CHANGES TO C	4/6	2 <i>7/97</i> ND DIRECTO	F:S IN 12
SIGNATURE 12.	TALLY Signature, typed or pnnted na ne of registered agent OFFICERS ANI	and title if applicable (NOT	Registered Avent signature 13. 1.1 TITLE	e when reinstating)	<u></u>	4/6	27/97	· -
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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 attackment with an address, with all other like empowered.

SIGNATURE: