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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000054473**1. Corporation Name

•		
Principal Place of Business	Mailing Address	
12805 N. 52ND STREET TAMPA FL 33617	P.O. BOX 290301 TAMPA FL 33687-0301	
		<u>,</u>
2. Principal Place of Business	2a. Mailing Address	

FILED Apr 29, 1999 8:00 am Secretary of State

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12805 N. 52ND	STREET	P.O. BOX 290301						
TAMPA FL 336		TAMPA FL 33687-0301			DO NOT WRIT	FE IN TUIC (CDACE	
					3. Date Incorporated or Qualifed	E IN THIS	SPACE	·· ;— », ~
	•				06/26/1996			
2 Principal C	lace of Business	2a. Mailing Address			4. FEI Number		TA	oplied For
, ·	ace or ousiness	26 Z6			59-3390202			ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75	Additional
22	,	27			5. Certifcate of Status Desired		Fee R	equired
City & Stat	e .	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28		_	Trust Fund Contribution			to Fees
Zip	Country	Zip	Country	/	8. This corporation owes the curre	ent year Intą		_
24	25	29	30		Personal Property Tax.		Yes_	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered A	Agent	
OTD	OUER IEEEDEV B		81	Name				
	DUSE, JEFFREY B		82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
	PIERCE STEET, SUITE 1A		_	ļ				
LAM	PA FL 33602		83					ì
			84	City			85 Zip	Code
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11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	tes, the above	re-named corporation	oration submits this statement for the	purpose of o	changing its	registered
11. Pursuant office or ragent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida Statut e of Florida. Such change was a ations of, Section 607.0505, Flo	tes, the above authorized by orida Statutes	re-named corporations.	oration submits this statement for the on's board of directors. I hereby accept	purpose of o	changing its	registered
11. Pursuant office or ragent. I a	m tamiliar with, and accept the oblig	guons of, Section 607.0505, Fid	anda Statutes	s.			changing its	registered
agent. I a	m ramiliar with, and accept the oblig Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE	Registered Age	ve-named corporations.	d when reinstating)	DATE		
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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 attachment with an address, with all other like empowered.

SIGNATURE: