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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000054862

1. Corporation Name

| MISS PL | UM AND COMPANY, INC. | | | | | | | | | |
|--|---|---------------------------|--------------------|--------------|---------|--------------------|--|-------------|----------------------------|------------|
| Principal Place | e of Business | Mailing / | Address | | | | | 40111 60141 | | Hill Stran |
| 103 FLAGSHIP DRIVE 1201 PARILLA DEAVILA #103 TAMPA FL 33613 | | | | | | | | | | |
| LUTZ FL 33549 | | | | | | | DO NOT WRITE IN THIS SPACE | | | |
| U\$ | | | | | | | 3. Date Incorporated or Qualifed | | | ļ |
| | | | | | | | 06/27/1996 | | | |
| 2. Principal P | lace of Business | 2a. Maili | ing Address | | | | 4. FEI Number | | | olied For |
| 21 26 | | | | | | | 59-3392875 | | | Applicable |
| Suite, Apt. #, etc. | | | | | | | 5. Certificate of Status Desired | | \$8.75 A Fee Red | |
| 22 | | 27 | 9 01-1- | | | • | | | | |
| City & Stat | te | — · | & State | | | | 6. Election Campaign Financing Trust Fund Contribution | | \$5.00 (Added to | |
| 23 | Country | 28 Zip | | Cour | ntry | | | at voor Int | | J 1 863 |
| Zip | · | <u></u> | Г | 30 | 110 y | | This corporation owes the current Personal Property Tax. | in year iin | | □No |
| 24 | 9. Name and Address of Curre | 29 29 ant Registered | | 30 | | ···· | 10. Name and Address of New Re | aistered | | |
| | J. Haine and Address of Conte | int registered | - Agorit | | 81 | Name | | • | | |
| IRWI | IN, SCOTT D | | |] | \perp | | | | | |
| 100 N TAMPA STREET | | | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptab | ole) | • | |
| SUITE 2700 | | | | ŀ | 83 | | | | | |
| TAMPA FL 33602 | | | | Į | | | | • • | | |
| IUMI V I F AAAAF | | | | | 84 | City | | FL | 85 Zip C | Code |
| 44 D | to the manufactors of Continue 607 DE | E02 and E07 15 | 00 Elorida Statute | s the at | | named corne | oration submits this statement for the p | | changing its | registered |
| office or r | egistered agent, or both, in the Statum familiar with, and accept the oblig | e of Florida Su | ich change was at | ithorizea | hv tr | he corporatio | n's board of directors. I hereby accept | the appoi | ntment as reç | gistered |
| SIGNATURE | Signature, typed or printed name of registered ag | gent and title if applica | able. (NOTE: | Registered : | Agent : | signature required |) when reinstating) | DATE | | |
| 12. | | AND DIRECTOR | | 13. | | | ADDITIONS/CHANGES TO OFF | ICERS AN | ND DIRECTO | R\$ IN 12 |
| TITLE | PD | | DELETE | 1.1 TIT | LE | | | | Change | Addition |
| NAME | RUBERG, SANDRA G | | | 1.2 NA | ME | } | | • | | |
| STREET ADDRESS | 1201 PARRILLA DE AVILA | | | 1.3 STI | REETA | ADDRESS | | | | |
| CITY-ST-ZIP | TAMPA FL | | | 1.4 C/T | ry-51- | ZIP | | | | |
| TITLE | ☐ DÉLETE | | | 2.1 TIT | LE | | | | ☐ Change | ☐ Addition |
| NAME | | | | 2.2 NA | ME | | | | | |
| STREET ADDRESS | | | | 2.3 STI | REETA | ADDRESS | | | | |
| CITY-ST-ZIP |) | | | 2.4 CI | TY-ST- | -ZIP | A THE RESERVE THE RESERVE TO A SECOND | | | |
| TITLE | | | ☐ DELETE | 3.1 TIT | LE | İ | | | Change | ☐ Addition |
| NAME | | | | 3 2 NA | ME | | | | | |
| STREET ADDRESS | | | | 3.3 ST | REETA | ADDRESS | <u>, </u> | | | |
| CITY-ST-ZIP | | | | | TY-ST- | | ž | | | |
| TITLE | | | ☐ DELETE | 4.1 TIT | | | | | ☐ Change | ☐ Addition |
| NAME | | | | 4. 2 NA | AME | Ī | | | | |
| STREET ADDRESS | | | | 4.3 STI | REETA | ADDRESS | • | | | |
| CITY-ST-ZIP | | | | 4.4 CIT | | | | | | |
| TITLE | | | DELETE | 5.1 TIT | | | | | ☐ Change | ☐ Addition |
| NAME | | | | 5.2 NA | ME | | - | | | |
| STREET ADDRESS | | | | 5.3 STI | REETA | ADDRESS | | | | |
| CITY-ST-ZIP | | | | 5.4 CIT | TY-ST- | ZIP | | | | |
| TITLE | | | ☐ DELETE | 6.1 TIT | LE | | | | Change | Addition |
| NAME | | | | 6.2 NA | ME | | | | | |
| | 1 | | | £ 2 CT | OCCT A | ADDRESS | | | | ' |

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 of 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP