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 # P96000056092 1. Corporation Name

STORRS THEUS AND ASSOCIATES, INC.

						ļ					
Principal Place	e of Business	Mailing Address						11 0 (1111) 0 1 111 0 1 111		IŞIĞ BINI OBNIĞ	I DIAN IINI IEDI
2216 GEIGEL COURT			2216 GEIGEL COURT								
ORLANDO: FL 32806 US		ORLANDO FL 32806 US				DO NOT WRITE IN THIS SPACE					
บจ		03				ŀ	3. Date Incorporated	or Qualifed			
							07/01/1996				
2. Principal Pl	lace of Business	2a. Mailing Addr	ess				4. FEI Number			Ap	plied For
21		26	-3				59-3388617			No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.				5. Certifcate of State	is Desired	.	\$8.75	
22		27					5. Certificate of State	13 D03//C0		Fee Re	equired
City & State	e	City & State					Election Campaig	=		\$5.00	
23		28		0	:		Trust Fund Contri			Added t	to Fees
Zip 	Country	Zip		Country			8. This corporation of			ngible , ∐Yes	Ž4ο _
24	25	29	30	<u> </u>		!	Personal Property 10. Name and Address				4 110
	9. Name and Address of Curre	nt Registered Agent		81	Name		10. Italie and Addit	555 OT 11011 1CC	- giotoi ou i	190111	
CAR	DOSO, OSCAR CPA			L.			*****	 			
324 S HYDE PARK AVE #230			82	Street	Addres	ddress (P.O. Box Number is Not Acceptable)					
	PA FL 33606			83	-		10.70			-	
							0.05			Jan 1 70 6	
				84	City				FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Flori	da Statutes, t	the above	e-named	corpor	ation submits this state	ement for the p	urpose of o	hanging its	registered
office or n	egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida, Such chan	ae was autho	onzed by	the corpo	oration'	s board of directors. I	hereby accept	the appoin	tment as re	gisterea
	All and a second of	reloso	-	Old Later	•				4-6 DATE	-99	
SIGNATURE											
	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Reg	istered Ager	nt signature r	required w	hen reinstating)				
12.	Signature, typed or printed name of registered age	ent and title if applicable. ND DIRECTORS		istered Ager	nt signature r	required w	hen reinstating) ADDITIONS/CHAN			DIRECTO	
	Signature, typed or printed name of registered age OFFICERS AI	ent and title if applicable. ND DIRECTORS	(NOTE: Reg		nt signature r	required w					DRS IN 12
12.	Signature, typed of printed name of registered age OFFICERS AI D STORRS, HOLLY T	ent and title if applicable. ND DIRECTORS		13.	nt signature r	required w				DIRECTO	
12.	OFFICERS AID STORRS, HOLLY T 6606 APPALOOSA DRIVE	ent and title if applicable. ND DIRECTORS		13. 1.1 TITLE 1.2 NAME	nt signature r	required w				DIRECTO	
12. TITLE NAME	OFFICERS AID STORRS, HOLLY T 6606 APPALOOSA DRIVE TAMPA FL 33625	ent and title fr applicable. ND DIRECTORS D	ELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	T ADDRESS	required w				D DIRECTO ☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS	OFFICERS AID STORRS, HOLLY T 6606 APPALOOSA DRIVE TAMPA FL 33625 D	ent and title fr applicable. ND DIRECTORS D		13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE	T ADDRESS	required w				DIRECTO	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AID STORRS, HOLLY T 6606 APPALOOSA DRIVE TAMPA FL 33625 D THEUS, DAVID A	ent and title if applicable. ND DIRECTORS D	ELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME	T ADDRESS T- ŽIP	required w				D DIRECTO ☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AID STORRS, HOLLY T 6606 APPALOOSA DRIVE TAMPA FL 33625 D THEUS, DAVID A 1806 VAN WERT AVENUE, #1	ent and title if applicable. ND DIRECTORS D	ELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET	T ADDRESS T-ZIP	required w				D DIRECTO ☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS -CITY-ST-ZIP.	OFFICERS AID STORRS, HOLLY T 6606 APPALOOSA DRIVE TAMPA FL 33625 D THEUS, DAVID A	ent and title if applicable. ND DIRECTORS D D	ELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	T ADDRESS T-ZIP	required w				DIRECTO Change	☐ Addition ☐ Addition ☐ -
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS -CITY-ST-ZIP TITLE	OFFICERS AID STORRS, HOLLY T 6606 APPALOOSA DRIVE TAMPA FL 33625 D THEUS, DAVID A 1806 VAN WERT AVENUE, #1	ent and title if applicable. ND DIRECTORS D D	ELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE! 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE	T ADDRESS T-ZIP	required w				D DIRECTO ☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS -CITY-ST-ZIP TITLE NAME	OFFICERS AID STORRS, HOLLY T 6606 APPALOOSA DRIVE TAMPA FL 33625 D THEUS, DAVID A 1806 VAN WERT AVENUE, #1	ent and title if applicable. ND DIRECTORS D D	ELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	T ADDRESS T-ZIP T ADDRESS ST-ZIP	required w				DIRECTO Change	☐ Addition ☐ Addition ☐ -
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS -CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AID STORRS, HOLLY T 6606 APPALOOSA DRIVE TAMPA FL 33625 D THEUS, DAVID A 1806 VAN WERT AVENUE, #1	ent and title if applicable. ND DIRECTORS D D	ELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.3 STREET	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS	required w				DIRECTO Change	☐ Addition ☐ Addition ☐ -
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS -CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	OFFICERS AID STORRS, HOLLY T 6606 APPALOOSA DRIVE TAMPA FL 33625 D THEUS, DAVID A 1806 VAN WERT AVENUE, #1	ent and title if applicable. ND DIRECTORS D D	ELETE ELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 3.4 CITY-S 3.5 NAME 3.5 STREET 3.6 CITY-S	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS	required w				DIRECTO Change	☐ Addition ☐ Addition ☐ -
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AID STORRS, HOLLY T 6606 APPALOOSA DRIVE TAMPA FL 33625 D THEUS, DAVID A 1806 VAN WERT AVENUE, #1	ent and title if applicable. ND DIRECTORS D D	ELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS	required w				D DIRECTO Change Change	☐ Addition ☐ Addition ☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AID STORRS, HOLLY T 6606 APPALOOSA DRIVE TAMPA FL 33625 D THEUS, DAVID A 1806 VAN WERT AVENUE, #1	ent and title if applicable. ND DIRECTORS D D	ELETE ELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.2 NAME	T ADDRESS T- ZIP T ADDRESS ST- ZIP T ADDRESS ST- ZIP	required w				D DIRECTO Change Change	☐ Addition ☐ Addition ☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AID STORRS, HOLLY T 6606 APPALOOSA DRIVE TAMPA FL 33625 D THEUS, DAVID A 1806 VAN WERT AVENUE, #1	ent and title if applicable. ND DIRECTORS D D	ELETE ELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.3 STREET	T ADDRESS T- ZIP T ADDRESS ST- ZIP T ADDRESS ST- ZIP T ADDRESS	required w				D DIRECTO Change Change	☐ Addition ☐ Addition ☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AID STORRS, HOLLY T 6606 APPALOOSA DRIVE TAMPA FL 33625 D THEUS, DAVID A 1806 VAN WERT AVENUE, #1	ent and title if applicable. ND DIRECTORS D D	ELETE ELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.2 NAME	T ADDRESS T- ZIP T ADDRESS ST- ZIP T ADDRESS ST- ZIP T ADDRESS	required w				D DIRECTO Change Change	☐ Addition ☐ Addition ☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AID STORRS, HOLLY T 6606 APPALOOSA DRIVE TAMPA FL 33625 D THEUS, DAVID A 1806 VAN WERT AVENUE, #1	ent and title if applicable. ND DIRECTORS D D	ELETE ELETE ELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 4.4 CITY-S 4.4 CITY-S	T ADDRESS T- ZIP T ADDRESS ST- ZIP T ADDRESS ST- ZIP T ADDRESS	required w				D DIRECTO Change Change Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS -CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AID STORRS, HOLLY T 6606 APPALOOSA DRIVE TAMPA FL 33625 D THEUS, DAVID A 1806 VAN WERT AVENUE, #1	ent and title if applicable. ND DIRECTORS D D	ELETE ELETE ELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 4.3 STREET 4.2 NAME 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS T- ZIP T ADDRESS ST- ZIP T ADDRESS ST- ZIP T ADDRESS	equired w				D DIRECTO Change Change Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AID STORRS, HOLLY T 6606 APPALOOSA DRIVE TAMPA FL 33625 D THEUS, DAVID A 1806 VAN WERT AVENUE, #1	ent and title if applicable. ND DIRECTORS D D	ELETE ELETE ELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 4.3 STREET 4.2 NAME 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS T- ZIP T ADDRESS ST- ZIP T ADDRESS ST- ZIP T ADDRESS T- ZIP T ADDRESS T- ZIP	equired w				D DIRECTO Change Change Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS -CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AID STORRS, HOLLY T 6606 APPALOOSA DRIVE TAMPA FL 33625 D THEUS, DAVID A 1806 VAN WERT AVENUE, #1	ent and title if applicable. ND DIRECTORS D D D	ELETE ELETE ELETE	13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 32 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.3 STREET 5.3 STREET	T ADDRESS T- ZIP T ADDRESS ST- ZIP T ADDRESS ST- ZIP T ADDRESS T- ZIP T ADDRESS T- ZIP	vequired w				D DIRECTO Change Change Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	OFFICERS AID STORRS, HOLLY T 6606 APPALOOSA DRIVE TAMPA FL 33625 D THEUS, DAVID A 1806 VAN WERT AVENUE, #1	ent and title if applicable. ND DIRECTORS D D D	ELETE ELETE ELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 5.1 TITLE 5.3 STREET 5.4 CITY-S 5.5 STREET 5.4 CITY-S 5.5 STREET 5.5 STREET 5.6 CITY-S	T ADDRESS T- ZIP T ADDRESS ST- ZIP T ADDRESS ST- ZIP T ADDRESS T- ZIP T ADDRESS T- ZIP	w behiuper				D DIRECTO Change Change Change	Addition Addition Addition Addition

CITY-ST-ZIP 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.

6.4 CITY-ST; ZIP

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90028 006 ***150.00

r radioan isa ibsia arisi ausir 2011, 2011, abini alika 212, 2121, 2212, 1221, 1221, 1221, 1221, 1221, 1221, 1