FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90033 032 ***150.00

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 # P96000069688

1. Corporation Name

Principal Place of Business Mailing Address 2874 ALLAPATTAH DR CLEARWATER FL 33761 US Mailing Address CLEARWATER FL 33761 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/19/1996			
2. Principal Place of Business 2a. Mailing Address 26					4. FEI Number 59-3376943			ed For applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired		75 Add e Requ	
City & State City & State					6. Election Campaign Financing Trust Fund Contribution		.00 Ma	
Zip	Country	Zip	Count	try	This corporation owes the current year In Personal Property Tax.	ntangible Yes]No
	9. Name and Address of Curr				10. Name and Address of New Registered	Agent		
MACK, SEDRIC 2874 ALLAPATTAH DR CLEARWATER FL 33761			3	Street Addi	ress (P.O. Box Number is Not Acceptable)	85	Zip Coo	de
agent. I a	In familiar with, and accept the oblig	gations of, Section 607.0505, Florid gent and title if applicable. (NOTE: R	Registered A	by the corporation of the corpor	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint of the purpose of the p			
12.			13.	 	ADDITIONS/CHANGES TO CITTOEIGS A	□ Cha		Addition
NAME	PCEO HATCHER, YOLANDA L	C. DELEVE	1.2 NAM	E			" <i>1</i> 90	
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP			_	- ST-ZIP		☐ Cha		☐ Addition
TITLE	•		2.1 TITL			☐ Cila	rige	[_] Addition
NAME			2.2 NAM	-				
STREET ADORESS				EETADDRESS				
CITY-ST-ZIP TITLE			3.1 TITL	r-ST-ZIP		□Cha	ange	Addition
			3.2 NAM			_	•	_
NAME STREET ADDRESS				EET ADDRESS				l
CITY-ST-ZIP				(-ST-ZIP				
TITLE		☐ DELETE	4.1 TITL			☐ Cha	inge	☐ Addition
NAME			4. 2 NAN					
STREET ADDRESS				EET ADORESS				
CITY-ST-ZIP			4.4 CITY					
TITLE		☐ DELETE	5.1 TITL			☐ Cha	inge	Addition
NAME			5.2 NAM	E				
STREET ANDRESS			5.3 STR	EET ADDRESS				ł

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 escape in the comporation or the receiver of 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 chapter of an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CfTY-ST-ZIP

TITLE

NAME

DELETE

☐ Change

Addition