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 # P96000090344

1. Corporation Name

OUTWARD EXPRESSIONS, INC.

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90052 023 ***158.75



Principal Place	e of Business	Mailing Address			1 56011004 110 10110 05111 00111		
4711 S. HIMES AVENUE. #1308 4711 S. HIMES AVENUE. #13 TAMPA FL 33611 TAMPA FL 33611					DO NOT WRI	TE IN THIS SPACE	
					3. Date Incorporated or Qualifed 10/30/1996		
Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21 14001	white Out way	26 1900 1 while	e Uu	way	<u>59-3425473</u>		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		5 Additional Required
City & State		City & State 28 Tampa	, 71		Election Campaign Financing Trust Fund Contribution	, , , , , , , , , , , , , , , , , , ,	00 May Be ed to Fees
Zip	Country	Zip	Cor	ntry	8. This corporation owes the curr		- 7
24 33	3647 25 USA.	29 3プ 6 4子	30	<u>u sa</u>	Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New I	Registered Agent	
MAT	ONIA ANINE			81 Name (CARMEN D. SIERRA.		
KATONA, ANNE 4711 S. HIMES AVENUE, #1308				82 Street A	ddress (P.O. Box Number is Not Accepta 9001 White Owl	able) Way	
TAMPA FL 33611				83	Tampa H.		İ
ļ				84 City	Tampa K	85 2	ip Code
				'	ampa	FL	33647
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its report of the or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							its registered registered
agent. I a	m familiar with, and accept the poligati		کے ا	1/04			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature r					quired when reinstating)	DATE 7	/ 77 ·
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AND DIREC	TORS IN 12
TITLE	PD	DELETE	1.1 Ti	TLE	Eufemio MARtinez	⊠ Chan	ge
NAME	KATONA, ANNE	•	1.2 N		President a		
STREET ADDRESS	4711 S. HIMES AVENUE, #130	8	1.3 S	TREET ADDRESS	ralle 6 B-z Santa Ku	ıla	
CITY-ST-ZIP	TAMPA FL 33611		1.4 C	TY-ST-ZIP	Guagnatio P. R 00969		
TITLE		☐ DELETE	2.1 Ti	TLE	Treasure.	Chan	ge 🔀 Addition
NAME			2.2 N	AME	CARMEN D. SIERRA		
STREET ADDRESS			2.3 S	TREET ADDRESS	19001 White OWI WOU	1	
CITY-ST-ZIP			2.40	ITY-ST-ZIP	tampa 71. 33647		j
TITLE		☐ DELETE	3.1 T			Chan	ge Addition
NAME			3.2 N	AME			
STREET ADDRESS			4	TREET ADORESS			Ì
CITY-ST-ZIP			3.4. 0	ITY-ST-ZIP			
TITLE		☐ DELETE	4.1 Ti			☐ Chan	ge Addition
NAME			4.21	AME			
STREET ADORESS			4.3 S	TREET ADDRESS			}
1 :				TY-ST-ZIP			
TITLE		☐ DELETE	5.1 T			☐ Char	nge
NAME			5.2 N				
STREET ADDRESS			5.3 \$	TREET ADDRESS			-
			5.4 C	TY-ST-ZIP			
CITY-ST-ZIP		☐ DELETE	6.1 T			Char	nge
NAME		-	6.2 N	AME			
1				TREET ADDRESS			ļ
STREET ADDRESS				ITY-ST-ZIP			
CITY-ST-ZIP	İ						

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.

SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR