FILE NOW: FILING FEE A	FTER MAY 1ST IS	550.00	•	
PROFIT DEPARTITION DEPARTITION SAME AND ADDRESS OF THE PROFIT OF THE PRO			FILED	
ANNUAL REPORT Secretary of tale			00 MAY 20 AN 9: 31	
1999 DESIGN OF CONGRADING			SECRETARY OF STATE	
DOCUMENT # P9600095831			IMLLANASSEE FLOR DA	
SLR OF PINELLI	as INC			
	11/99/0000	11185		
Principal Place of Business  Soil Stimie Ave P.O. Box 3516			Detatoraterary	
St. Retersburg, FL Seminole, FL		REINSTATEMENT 97-99@		
<u> </u>	33775		3. Date licorporated or Qualified	
. Principal Place of Business 2a. Mailing Address 2b. 2b. 2a. Mailing Address 2b.		4. FEI Number 59-3438409	Applied For Not Applicable	
Suite, Apt. #, etc.	27		5. Certificate of Status Desired [ ]	\$3.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country  24 25	Z <sub>4</sub> p	Country	This corporation owes the current year     Personal Property Tax.	r Intangit∃e [⊟Yes []No
9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Register	ed Age it
Beatty, Bea.  12588 Capri Cir N  82 Street Address (P.O. Box Number is Not Acceptable) 50000283				20250
12588 Capri Cir N Treasure Island, FL 33706			-06/02/99	01043005
		84 City	<b>!</b>	00 <b>***</b> *150,00
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 char ging its registered office or registered agent an familiar july and accept the purpose of Sections 607.0505, Florida Statutes.				
SIGNATURE Signature, typed or printed name of registered agen	Cally	gistered Agent signature required	4-7-	
12. OFFICERS AN	D DIRECTORS [   DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	S AND E-RECTORS IN 12 S
STREET ADDRESS 12588 COOCI CI	'r M	1.2 NAME 1.3 STREET ADDRESS		7.60
CITY ST-ZAP Treasure Island	33706 ElDELETE	1.4 CITY+ST-ZIP 2.1 TIFLE		Change   Addition
NAME Beatty, Edwar	-d	22 NAME	50000289 -06/02/99	23758  -01043006
CITY-ST-ZIP Clearwater FL	33756	2.3 STREET ADDRESS 2.4 CITY-SY-ZIP		)Ŭ ****900.00
NAVE Beatty, Steven	_ • [ ) DELETE	3.1 TITLE 3.2 NAME		[ Change [*] Addition
STREET ADORESS ONE Hangrove	h FL 33706	33 STREET ADDRESS 3.4 CITY-ST-ZiP		
TITLE	[] DELETE	4.1 Title 4.2 NAME	·· ·	[_Change] Addition
STREET ADDRESS ONE MANGTONE	Pointe 32701	43 STREET ADDRESS		
St. Petersburg 1	BCh, FL 33706	44 City ST-ZIP 51 TITLE		[ Change [ ] Addition
NAME STREET DORESS		52 NAME 53 STREET ADORESS		
CITY-ST-ZIP TITLE	[] DELETE	54 CITY-ST-ZIP 61 TITLE		[ ] Change [ ] Addition
NAME STREET ADDRESS		6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZIP  14. I hereby certify that the information supplied with	th this filing does not qualify for th	64 C/TY-ST-Z/P e exemption stated in S	ection 119.07(3)(i), Florida Statules I further	certify that the information = 17
indicated on this annual report or supplemental officer or director of the corporation or the recei Block 12 or Block 13 if changed, or op an attact	annual report is true and accurativer or trustee empowered to exec	e and that my signature cute this report as requir	shall have the same legal effect as if made t	under cath, that I am an 💛 📜
SIGNATURE: _ / Dea	- Book	_	47-99	827-363-3626
SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER OR	RECTOR	Date	Caybe in Prior e #