PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P96000098515

1. Corporation Name

THE CACTUS GROUP, INC.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90237 018 ***150.00



										i
Principal Place of Business Mailing Address										
611 WEST BAY STREET 611 WEST BAY STREET										
TAMPA FL 33606 TAMPA FL 33606							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed			
	\$						12/05/1996			ĺ
2 Dain aire at Di	and Allerinage	22	. Mailing Address				4. FEI Number		Δr	oplied For
	ace of Business	26	. Maining Address				59-3412999		+	ot Applicable
21 Suite, Apt. #, etc.			Suite, Apt. #, etc.					\$		Additional
			7				5. Certificate of Status Desired	•	Fee Re	
City & State			City & State				6. Election Campaign Financing		\$5 AA	May Be
			28				Trust Fund Contribution			to Fees
Zip	Country	20	Zip	Cour	ntrv		8. This corporation owes the current year	Intangi	ole	
24	25	29	-	30	•		Personal Property Tax.		Yes	14/1 %
24	9. Name and Address of Currer		stered Agent				10. Name and Address of New Register	d Age	nt	
	<u> </u>				81	Name				
SHIMBERG, MICHAEL					20 Charles Address (D.O. Charles have in Not Accordable)					
611 W. BAY ST.					82	Street Add	dress (P.O. Box Number is Not Acceptable)			-
TAMPA FL 33606				83						
					84	City	F		5 Zip (Code
44 Dumuent t	to the provisions of Sections 607 050	2 and 6	S07 1508 Florida Statut	as the at	. l	named cor	moration submits this statement for the numose	of char	aina its	registered
office or re	egistered agent, or both, in the State in familiar with, and accept the obliga	of Flori	da. Such change was a	utnonzea	DV I	the corporal	tion's board of directors. I hereby accept the ap	ointme	nt as re	gistered
SIGNATURE	•									\
Signature, typed or printed name of registered agent and thile if applicable. (NOTE: Reg						t signature requi:	red when reinstating) DATE			
12.	OFFICERS AN	ID DIR		13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE	PTD		☐ DELETE	1.1 ΠΤ	LE			لــا	Change	☐ Addition
NAME	SHIMBERG, MICHAEL			1.2 NA	ME					ł
STREET ADDRESS	611 WEST BAY STREET			1.3 ST	REET	ADDRESS				ļ
CITY-ST-ZIP	TAMPA FL 33606			1.4 CIT	Y-ST	-ZiP				
TITLE	VSD		□ DELETE	2.1 TIT	LE			Ļ	Change	Addition
NAME	SAUNDERS, BRYAN			2.2 NA	ME	1				Ì
STREET ADDRESS	611 WEST BAY STREET			2.3 ST	REET	ADDRESS]
CITY-ST-ZIP	TAMPA FL 33606			2, 4 CI	TY- 5	T- ZIP				
TITLE	المال المستهجرات الراساة الاستهارات	·	DELETE	3.1 गा	LE		- <u>u</u> v pme		Change	☐ Addition
NAME	•			3.2 NA	ME]				
STREET ADDRESS				3.3 ST	ŒET	ADDRESS				
CITY-ST-ZIP			_	3.4. CI	Y-S	T-ZIP				
TITLE			☐ DELETE	4.1 TIT	LΕ				Change	☐ Addition
NAME				4. 2 N/	ME					
STREET ADDRESS	•			4.3 ST	REET	ADDRESS				
CiTY-ST-ZIP	•			4.4 CII	Y-ST	r-ZIP	*			
TITLE			☐ DELETE	5.1 TIT	LE				Change	☐ Addition
NAME				5.2 NA	ME					
STREET ADDRESS				5.3 ST	REET	ADDRESS				
CITY-ST-ZIP				5.4 CIT	Y-ST	r-ZIP				
TITLE			☐ DELETE	6.1 TIT	LE				Change	Addition
NAME				6.2 NA	ME					
STREET ADDRESS				6.3 ST	REET	ADDRESS				
O INCLI ADDINESS				- 1		- 1				

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 a laccoment with an address, with all ether like empowered. CITY-ST-ZIP

SIGNATURE:

1813) 259-1094