

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90139 023 ***150.00

DOCUMENT # P96000100354

1. Corporation Name

REVENUE SHARES, INC.



Principal Place of Business

6300 NW 120TH DRIVE
CORAL SPRINGS FL 33076
US

Mailing Address

6300 NW 120TH DRIVE
CORAL SPRINGS FL 33076
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1996

2. Principal Place of Business

21 8831 Bel Meadow Way

Suite, Apt. #, etc.

22 City & State
23 New Port Richey FL

24 Zip 34655 25 Country US

2a. Mailing Address

26 8831 Bel Meadow Way

Suite, Apt. #, etc.

27 City & State
28 New Port Richey FL

29 Zip 34655 30 Country US

4. FEI Number

65-0721274

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

BUBLEY & BUBLEY, P.A.
3820 NORTHDAL BLVD
SUITE 312B
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 registered office 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME ROBERSON, CINDY
STREET ADDRESS 3963 CAPITOL DRIVE
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE D ☒ DELETE
NAME TERZI, SAM
STREET ADDRESS 8488 W HILLSBOROUGH AVE #153
CITY-ST-ZIP TAMPA FL 33615

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME David Spezza
1.3 STREET ADDRESS 8831 - Bel Meadow Way
1.4 CITY-ST-ZIP New Port Richey FL 34655

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME David Kantoroom
2.3 STREET ADDRESS 10404 Double Bayou Way
2.4 CITY-ST-ZIP Tampa FL 33615

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99
Date

813-797-9000
Daytime Phone #

CR2E034 (11/98)