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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOZOGOOGRATO

FILED Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90086 021 ***150.00

-	n Name	ERTIES, INC.		.010						
Principal Place of Business Mailing Address					•		1 10011001 110 10111 10011 00111 00111 00111	####	: 100:1 00:1 :00:	
111 E. MADISON STREET SUITE 2300				POB 1444						
				ILE AL 36633			DO NOT WRITE IN THIS SPACE			
TAMPA FL 3360	U2		US				3. Date Incorporated or Qualifed]
							01/10/1997			
2. Principal Place of Business			2a.	Mailing Address			4. FEI Number	A	pplied For	٠.
21			26	26			59-3431713	N	ot Applicable	
Suite, Apt.	#, etc.			Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional	1.5
22			27				or defined of Status Books		equired	
City & Stat	te		28	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip		Country		Zip	Cou	ntry	8. This corporation owes the current year In			
24		25	29		30	4	Personal Property Tax.	Yes	No	-
	9. Name	and Address of Cur	rent Registe	ered Agent		81 Name	10. Name and Address of New Registered	Agent		1
SIME	PSON NATI	1,05				of Name				
SIMPSON, NATHAN B ESQ.						82 Street Add	ddress (P.O. Box Number is Not Acceptable)			
SUITE 2300			•	83			3.	10.00	144.45.35	1
	PA FL 3360)2							美数	
						84 City	FI	85 ' Zip	Code	
.11. Pursuant	to the provis	ions of Sections 607.0	0502 and 60	7.1508, Florida Statu	utes, the a	ove-named cor		f changing it:	s registered	1
office or r	registered ag am familiar wi	ent, or both, in the Sta th, and accept the ob	ate of Florida	a. Such change was Section 607.0505, F	authorized Iorida Stati	by the corporatites.	rporation submits this statement for the purpose o tion's board of directors. I hereby accept the appo	ointment as n	egistered	
SIGNATURE										
	Slangture toped	or printed name of registered	agent and title if	annlicable. (NO	FE: Registered	Agent signature regul	red when reinstating) OATE			١.
12.	Signature, typed	or printed name of registered OFFICERS	agent and title if		TE: Registered	Agent signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12	٤
12.	Signature, typed						3,	ND DIRECT	ORS IN 12	144,000
		OFFICERS		TORS	13.	LE	3,			0.3574.700
TITLE	P BENDER,	OFFICERS		TORS	13. 1.1 TI 1.2 N	LE	3,			700 2512 4700
TITLE NAME	P BENDER,	OFFICERS JR T B NTHONY STT		CTORS DELETE	13. 1.1 π 1.2 N/ 1.3 ST	LE ME	3,	☐ Change	☐ Addition	77.000.00
TITLE NAME STREET ADDRESS	P BENDER, 156 ST A MOBILE A	OFFICERS JR T B NTHONY STT AL 36602		TORS	13. 1.1 π 1.2 N/ 1.3 ST	LE ME REET ADDRESS Y-ST-ZIP	3,			77.000.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENDER, 158 ST A MOBILE A S BARNETT	OFFICERS JR T B NTHONY STT AL 36602		CTORS DELETE	13. 1.1 ∏ 1.2 N/ 1.3 ST 1.4 CI	LE ME REET ADDRESS Y-ST-ZIP LE	3,	☐ Change	☐ Addition	77.000.00
NAME STREET ADDRESS CITY-ST-ZIP	P BENDER, 156 ST A MOBILE A S BARNETT 156 ST A	OFFICERS JR T B NTHONY STT AL 36602 , D R NTHONY ST		CTORS DELETE	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST	LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	3,	☐ Change	☐ Addition	77.000.00
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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

Daytime Phone #