Applied For

Fee Required

\$5.00 May Be Added to Fees

Yes

Not Applicable \$8.75 Additional

Z/No

## 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 # P9700003885

Principal Place of Business	Mailing Address
6011 W IDLEWILD AVE TAMPA FL 33634	6011 W IDLEWILD AVE TAMPA FL 33634
2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
21	26
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
Suite, Apt. #, etc.  City & State	26 Suite, Apt. #, etc. 27 City & State

## **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90066 030 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

01/08/1997 4. FEI Number

59-3421035

IVAN TO PANA DE AD				Name	•				
HURLEY, RONALD F SR 6011 W IDLEWILD AVE			82	Street	Street Address (P.O. Box Number is Not Acceptable)				
TAMPA FL 33634				83					
			84	City	FL	85 Z	ip Code		
office or re	o the provisions of Sections 607.0502 and 607.1508, gistered agent, or both, in the State of Florida. Such n familiar with, and accept the obligations of, Section	change was auth-	onzed by	the corpo	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appoin	changing ntment as	its registered registered		
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Rec	istered Agen	t signature re	equired when reinstating) DATE		<del></del>		
12.	OFFICERS AND DIRECTORS	(1.2.2.1.1.	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	TORS IN 12		
TITLE PST	ST	DELETE	1,1 TITLE			Chang	ge 🔲 Addition		
NAME .	HURLEY, RONALD F		1.2 NAME						
TREET ADDRESS	6011 W IDLEWILD AVE		1.3 STREET	ADDRESS					
CITY-ST-ZIP	TAMPA FL 33634		1.4 CITY-ST-ZIP						
TITLE	VP	☐ DELETE	2.1 TITLE			Chang	ge 🗀 Addition		
AME	HURLEY, SHELIA J		2.2 NAME						
TREET ADDRESS	6011 W IDLEWILD AVE		2.3 STREET	ADDRESS					
CITY-ST-ZIP	TAMPA FL 33634		2.4 CITY-S	T-ZIP	·				
TILE		☐ DELETÉ	3.1 TITLE			Chang	ge 🗌 Addition		
IAME			3.2 NAME						
TREET ADDRESS			3.3 STREET	ADDRESS					
CITY-ST-ZIP			3.4. CITY- S	T- ZIP		****			
TITLE		□ DELETE	4.1 TITLE			Chang	ge 🗌 Additio		
IAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	ADDRESS					
:ITY-ST-ZIP			44 CITY-S	T-ZIP					
ITLE		☐ DELETE	5.1 TITLE		÷ ,*	Chang	ge 🔲 Addition		
IAME			5.2 NAME				•		
TREET ADDRESS			5.3 STREET	ADDRESS	'				
CITY-ST-ZIP			5.4 CITY-S	r-zip					
ITLE		DELETE	61 TITLE			Chang	ge 🗌 Additio		
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS					
CITY-ST-ZIP			6.4 CITY-S						
14. I hereby c	ertify that the information supplied with this filing does	s not qualify for th	e exempt	on stated	in Section 119.07(3)(i), Florida Statutes. I further cer ature shall have the same legal effect as if made und	tify that th	ne information		

SIGNATURE: