FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 19, 1999 8:00 am Secretary of State

•	1999 `		DIVISION OF CO	DRPORAT	IONS	02-19-1999	90034 019 ***150.	.00
DOCUI 1. Corporation	MENT # P970		614					
JIVI FTIIN	ING ENTERNIBLE,	1140.						
Principal Place	e of Business	Maili	ng Address			I (BBI(BBI () B (B))) years bein b	FIII BBIII BBIII BBIII BIBIB BIIDI	(18)
4855 PARK STREET NORTH C/O ENGLANDER & FISCHER.								
			POST OFFICE BOX 47428					
		ST. P	etersburg fl 33743-	7428			ITE IN THIS SPACE	
						3. Date Incorporated or Qualifect		{
2 Principal D	loss of Business	2a. N	Mailing Address			01/10/1997 4.1 FEI Number	An	plied For
2. Principal Place of Business			26 P.O. Box 1954			59-3426457	_ -1 -	t Applicable
21 Suite, Apt. #, etc.			Suite, Apt. #, etc.				_ \$8.75	
22	.,,	27				5. Certifcate of Status Desired	Feé Re	quired
City & State	e		City & State		-	6. Election Campaign Financing	· □ \$5.00	May Be
23		28	St. Peters	burg	, FL	Trust Fund Contribution	Added	to Fees
Zip	Country	<u> </u>	ip _	Country	У	8. This corporation owes the cur		<u> </u>
24	25		3731-1954	0 US	A	Personal Property Tax.	Yes	□No
	9. Name and Address of	Current Registe	red Agent	81	Name	10. Name and Address of New	Registered Agent	
FNG	LANDER & FISCHER, P.A.			*'	Name			
5959 CENTRAL AVENUE				82	Street Add	ress (P.O. Box Number is Not Accep	table)	
	E 201		83 /21 F1		irst Avenue Nort	Ω		
ST. PETERSBURG FL 33710				0	' †			
J				84	City	etersburg		Code 701
11. Pursuant office or reagent. Fa	to the provisions of Sections 6 egistered agent, or both, in the m familiar with, and accept the	607.0502 and 607 e State of Florida e obligations of, S	.1508, Florida Statute: Such change was au ection 607.0505, Flori	s, the above thorized by da Statute	e-named corp	poration submits this statement for the on's board of directors. I hereby access	e purpose of changing its ept the appointment as re	registered gistered
SIGNATURE	Signature, typed or printed name of regis	stered agent and title if a	nolicable (NOTE: f	Registered Age	ant signature require	ed when reinstating)	DATE	
12.		ERS AND DIREC	,	13.		ADDITIONS/CHANGES TO O	FFICERS AND DIRECTO	RS IN 12
TITLE	PD	-	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	ANDERSON, JEFFREY J			1.2 NAME		•		
STREET ADDRESS	4855 PARK STREET NO	rth		1.3 STREE	ET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33	3709		1.4 CITY-5	ST-ZIP			
TITLE	STD		☐ DELETE	2.1 TITLE		•	☐ Change	☐ Addition
NAME	ANDERSON, MATTHEW			2.2 NAME				
STREET ADDRESS	4855 PARK STREET NO			1	ET ADDRESS			-
CITY-ST-ZIP	ST. PETERSBURG FL 33	3709		2. 4 CITY-	ST-ZIP		Change	☐ Addition
TITLE			☐ DELETE	3.1 TITLE			☐ Cliarige	☐ Addition
NAME				3.2 NAME				
STREET ADDRESS				1	T ADDRESS			
CITY-ST-ZIP TITLE			☐ DELETE	3.4. CITY- 4.1 TITLE	51-219		[**] Change	Addition
NAME				4. 2 NAME			-	
STREET ADDRESS					TADORESS		•	
CITY-ST-ZIP				4.4 CITY-1			•	
TITLE			☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME				5.2 NAME			•	
STREET ADDRESS				5.3 STREE	ET ADDRESS		-	
CITY-ST-ZIP				5.4 CITY-	ST-ZIP			
TITLE			☐ DELETE	61 TITLE		•	☐ Change	☐ Addition
NAME				6.2 NAME				
STREET ADORESS.					ET ADDRESS			1
				6 A CITY -	ет. 710			l

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 a trustage ment with an address, with all other like empowered.

SIGNATURE:

ATURE AND THE OF CHAMPED NAME OF SIGNING OFFICER OR DIRECTOR

128/99 727-541-449