PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

FILED Jul 09, 1999 8:00 am Secretary of State

07-09-1999 90014 011 ***558.75

1. Corporation	MENT # P97000 (005551			
PARKE	R & HAFNER, P.A.			Į.	
				1 2001/201 210 1011/ 2001 0021 0021 0011/ 001	iki dahil dalah dikal dikal dikak itak tadi
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Principal Plac	e of Business	Mailing Address		r contron tin init contronti detti detti de	its abitt måtht attät milåt attät tiat tänt
2261 WEST BAY DRIVE STE B 2261 WEST BAY DRIVE STE LARGO FL LARGO FL			E B	}	
LANGO FL		LARGO FL		DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualified	
				01/14/1997	
2. Principal P	lace of Business B. Davis	2a. Mailing Address	B. Da	4. FEI Number	Applied For
1 2030 Suite, Apt.		26 20 50 1 50 7 Suite, Apt. #, etc.	- DAY URI	59-3435032	Not Applicable \$8.75 Additional
	GO FLORIDA	27 LARGO	FLORIDA	5 Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
<u> </u>	770	28 33770		Trust Fund Contribution	Added to Fees
Zip ∃	Country PINBLEAS	Zip .	Country 30 PINBLC	8. This corporation owes the current ye	
4	9. Name and Address of Current R		301/27 (302)	 Intangible Personal Property. Name and Address of New Regist 	
			81 Name	•	<u> </u>
HAFNER, RANDELL 2361 WEST BAY DONE STE B 82 Street Add			Address (P.O. Box Number is Not Acceptable)		
2261 WEST BAY DRIVE STE B LARGO FL			- P	Street Address (P.O. Box Number is Not Acceptable)	
Ca.	100 1 2		83		
,			84 City	LARGO	FL 85 Zip Code 3 3 7 7 20
1. Pursuant	to the provisions of sections 607 0502 at	nd 607 1508. Florida Statutes	the above-named or	progration submits this statement for the numose	of changing its registered
office or	registered agent, or both, in the State of	Florida. Such change was au	thorized by the corpo	pration's board of directors. I hereby accept the	appointment as registered
accept i c		ne of eaction 607 0505. Flori	ida Statutos		-,,,
•	am familiar with, and accept the obligatio	ns of, section 607.0505, Flori	ida Statutés.	,	
IGNATURE	Signature, typed or printed name of registered agent an	ns of, section 607.0505, Flori	ida Statutes. E: Registered Agent signatur	e required when reinstating} D	ATE
IGNATURE	Signature, typed or printed name of registered agent an OFFICERS AND I	ns of, section 607.0505, Flori d title if applicable. (NOT	ida Statutes. E: Registered Agent signatur 13.		ATE RS AND DIRECTORS IN 12
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6.4 CITY-ST-ZIP 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 chapted, or on an attachment with an address.

GNATURE:

ST-ZIP

727-518-0500