## 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 # P97000007291

Principal Place of Business	Mailing Address	
11275 110TH AVE N LARGO FL 33778	11275 110TH AVE N LARGO FL 33778	
2. Principal Place of Business	2a. Mailing Address	**;
Principal Place of Business 21	26	
<del>-</del>	<u>⊢</u> ¬	

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90109 037 \*\*\*150.00



	<u> </u>					HURST GRANT ARING BAT	1 00211 <b>00</b> 111 1	BEIN IBEIG HOIS	IB3B1 (501 300)	
Principal Place of Business Mailing Address										
11275 110TH AVE N 11275 110TH AVE N										
LARGO FL 33778 LARGO FL 33778						DO NOT WRITE IN THIS SPACE				
					3. Date Incorpora		_ 14 11113	, o. Aoc		
					01/21/1997	iou or Godinou				
2 Principal P	lace of Business	2a, Mailing Address			4. FEI Number-			Apr	olied For	
	ide of Eddinger	26			59-3452670	1		No	Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.						\$8.75 A	dditional	
22	<i>π</i> , αιο.	27			5. Certifcate of St	atus Desired		Fee Re		
City & State	e	City & State			6. Election Camp	aign Financing		\$5.00	May Be	
23 28 28					Trust Fund Contribution Added to Fees					
Zip			Country		8. This corporation owes the current year Intangible					
24	25	29 30	0		Personal Prope	erty Tax.		Yes	□No	
	9. Name and Address of Cur	rent Registered Agent			10. Name and Ad	dress of New R	egistered	Agent		
			81	Name (	ALVONA	اسلان	1011	\		
	llew, robert e		82	Street A	Idress (P.O. Box Number is Not Acceptable)					
	75 110TH AVE N			0110017	11575 11	A HTO	13U	<u> </u>		
LARO	GO FL 33778		83							
			84	City 1				85 _Zip C	Code	
				•	-A1290		FL	- 1 33	<u> </u>	
11, Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statutes	, the above	-named	rporation submits this st	atement for the	purpose of	f changing its	registered	
office or r	registered agent, or both, in the Standard agent the ob-	ate of Florida. Such change was auth ligations of, Section 607.0505, Florid	norized by t la Statutes.	ne corpo	tion's board of directors	. I nereby accep	t the appoi	munem as reg	gistered	
	$\lambda l_{\alpha}$ , $\lambda l_{\alpha}$	The Day				. (	2-1	09-19	99	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: Re	egistered Agent	signature re	ired when reinstating)		DATE			
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PVP	☐ DELETE	1.1 TITLE		γβ			Change	Addition	
NAME	CHELLEN, ROBERT E.		1.2 NAME		serous c	HOULEU	2			
STREET ADDRESS	11275 110TH AVE N		1.3 STREET	ADDRESS	1275 110	TH AVE !	<b>⊿</b> .			
CITY-ST-ZIP	LARGO FL 33778		1.4 CITY-ST	-ZIP	largo F	<u> </u>	<u>ארו</u>			
TITLE		☐ DELETE	2.1 TITLE	i	0			☐ Change	Addition	
NAME			2.2 NAME					<u> </u>	••	
STREET ADDRESS			2.3 STREET	ADDRESS	~				•	
CITY-ST-ZIP			2. 4 CITY-ST	r-ZIP						
TITLE		☐ DELETE	3.1 TITLE					☐ Change	Addition	
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREET	ADDRESS				•		
CITY-ST-ZIP			3.4. CITY-S	T-ZIP						
TITLE		☐ DELETE	4.1 TITLE					Change	☐ Addition	
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET	ADDRESS		•				
CITY-ST-ZIP			4.4 CITY-ST	-ZIP						
TITLE		☐ DELETE	5.1 TITLE					☐ Change	☐ Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET	ADDRESS						
CITY OF 71D			5.4 CITY-ST	-ZIP						

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.

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE: 🗹

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Addition