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PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000014481**1. Corporation Name

SALTY REBEL, INC.

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90039 032 ***150.00



Principal Plac	e of Rusiness	Mailing Address				<u> </u>	10161 1181 1681
4300 46TH AVENUE SOUTH		4300 46TH AVENUE SOUTH					
ST PETERSBURG FL 33711		ST PETERSBURG FL 33711		·			
					DO NOT WRITE IN THI	S SPACE	
					3. Date Incorporated or Qualifed	,	
					02/11/1997	· ;	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		plied For
21		26			59-3427773	\$8.75 A	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Red	
22		City & State			6 Floation Compaign Financing	\$5.00	
City & Stat	e	28			6. Election Campaign Financing Trust Fund Contribution	Added to	
Zip	Country	Zip	Coun	trv	8. This corporation owes the current year In		
—	25 29 30		_	•	Personal Property Tax.	☐Yes	XINo .
24	9. Name and Address of Curren		7		10. Name and Address of New Registered		
	3. Harris and Maries II.		- 1	31 Name]
PISIECZKO, CHARLES J ESQ.			Į.	20 04	(D.O. Day Alymbor in Not Apportable)		
340	49TH ST. NORTH		,	32 Street Addr	ess (P.O. Box Number is Not Acceptable)	Ditter at 1.42	Julius asser
ST PETERSBURG FL 33710-			7	33	The second secon	7, 7, 7, 7, 3, 3, 3	AL: 188
			L			entre (1)	rin in in
			1	City	F!	" 85 Zip C	,ode
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the ab	ove-named corpo	oration submits this statement for the purpose of	f changing its	registered
office or i	registered agent, or both, in the State in familiar with, and accept the obligation	of Florida. Such change was aut	thonzed i	by the comporation	on's board of directors. I hereby accept the appropriate	ointment as reg	jistered
_	im familiar with, and accept the colliga-	IIONS OI, SECTION OUT.0303, FISH	Ja Otatot		·	-	
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: F	Registered A	gent signature required	d when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	P	☐ DELETE	1.1 TITL	E	13. 14. 17 15 · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
NAME	PISIECZKO, CHARLES J ESQ.		1.2 NAM	Æ			
STREET ADDRESS	3401 49TH ST. NORTH		1.3 STR	EET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33710		1.4 CIT	(-ST-ZIP			
TITLE	Р	☐ DELETE	2.1 TITL	E		☐ Change	☐ Addition
NAME ~	SCHRICKER, WILLIAM R						-
STREET ADDRESS	4300 46TH AVE S		2.2 NAM	tE			
CITY-ST-ZIP				EET ADDRESS			
TITLE	ST PETE FL 33711		2.3 STR	1		<u> </u>	
NAME		☐ DELETE	2.3 STR	EET ADDRESS Y-ST-ZIP		Change	Addition
	ST PETE FL 33711 VP SCHRICKER, MARGARET J	☐ DELETE	2.3 STR 2. 4 CIT	EET ADDRESS Y-ST-ZIP E		☐ Change	Addition
STREET ADDRESS	ST PETE FL 33711 VP SCHRICKER, MARGARET J 4300 46TH AVE S	☐ OELETE	2.3 STR 2. 4 CIT 3.1 TITL 3.2 NAM	EET ADDRESS Y-ST-ZIP E		্ <u> </u>	· · · · · · · · · · · · · · · · · · ·
1.74	ST PETE FL 33711 VP SCHRICKER, MARGARET J		2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR	EET AODRESS Y-ST-ZIP É		egasyoles Colors	東名 20 韓 東名 20 韓
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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: