


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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90051 041 ***150.00

0428841

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **P97000034721**

1. Corporation Name

IRON LION CORPORATION

Principal Place of Business

**207 HOWARD DRIVE
BELLEAIR BEACH FL 34634**

Mailing Address

**207 HOWARD DRIVE
BELLEAIR BEACH FL 34634**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1997

4. FEI Number

59-3441279

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Elite Martial Arts

Suite, Apt. #, etc.

22 U.S. Hwy 19N

City & State

23 Tarpon Springs, FL

Zip

24 34689

Country

25 Pinellas

2a. Mailing Address

26 39328 U.S. Hwy 19N

Suite, Apt. #, etc.

27

City & State

28 Tarpon Springs FL

Zip

29 34689

Country

30 Pinellas

9. Name and Address of Current Registered Agent

**PINTERALLI, JEFF
39042 US HIGHWAY 19 NORTH
TARPO SPRINGS FL 34689**

10. Name and Address of New Registered Agent

81 Name

JEFF PINTERALLI

82 Street Address (P.O. Box Number is Not Acceptable)

39328 U.S. HWY. 19 N

83

84 City

Tarpon Springs FL

85 Zip Code

34689

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **MANDELOS, ANDREAS**
STREET ADDRESS **39042 US HIGHWAY 19 NORTH**
CITY-ST-ZIP **TARPO SPRINGS FL 34689**

TITLE **V** ☐ DELETE

NAME **PINTERALLI, JEFF**
STREET ADDRESS **39042 US HIGHWAY 19 NORTH**
CITY-ST-ZIP **TARPO SPRINGS FL 34689**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☐ Change ☐ Addition

1.2 NAME **MANDELOS, ANDREAS**
1.3 STREET ADDRESS **39328 U.S. HWY 19N**
1.4 CITY-ST-ZIP **Tarpon Springs, FL 34689**

2.1 TITLE **V** ☐ Change ☐ Addition

2.2 NAME **Pinteralli, Jeff**
2.3 STREET ADDRESS **39328 U.S. Hwy 19N**
2.4 CITY-ST-ZIP **Tarpon Springs, FL 34689**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99

Date

327-944-3836

Daytime Phone #