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 # P97000037418

1. Corporation Name LONDON PRIDE, INC.

Principal Place of Business									
336 COREY AVENUE									
ST. PETE BEACH FL 33706									

Mailing Address

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90216 031 ***150.00



336 COREY AVE ST. PETE BEAC		336 COMEY AVENUE ST. PETE BEACH FL 337(X	ô			DO NOT WRITE IN T	HIS S	PACE	
						04/24/1997 4. FEI Number		110	pried For
_2. Principa Pla ──	ace of Business	2a. Mailing Address							lot Applicable
21		Suite, Apt. #, etc.	_			59-3447712			A Iditional
Suite, Apt. #	F, etc.					5. Certifcate of Status Desired			Recuired
22 - City & State	\	27				-6. Election Campaign Financing		\$5.00	 }-May-Be -
23	•	28				Trust Fund Contribution		-	tc Fees
Zip	Country	Zip	Сои	ntry		8. This corporation owes the current year	ır ntar	ngible	
24	25	29	30			Persor al Property Tax.	[☐ Yes	I X No
	9. Name and Address of Current	Registered Agent		. ,		10. Name and Address of New Registe	red A	gent	
				81 Nar	me				
	DWIN, GERRY			82 Stre	eet Ac dr	ress (P.O. Box Number is Not Acceptable)			
	COREY AVENUE								
ST. I	PETE BEACH FL 33706			83					
				84 City		1		85 Zip	Code
						•	_	honging if	o ragistered
office crrs	to the provisions of S∈ctions 607.0502 egistered agent, or bo:h, in the State on familiar with, and accept the obligati	ा Florida. Such change was त	utnorized	by the c	orporatio	oration submits this statement for the purposon's board of clirectors. I hereby accept the a	proint	ment as r	eg stered
SIGNATURE	Signature, typed or printed na ne of registered agent	ANOT	- Registered	Agent sympl	hire real (FB)	d when reinstating) DAT	E		
12.	OFFICERS ANI		13.	Agent signa	tale rade	ADDITIONS/CHANGES TO OFFICER	SAND	DIRECT	OFIS IN 12
TITLE	D	☐ DELETE	1.1 T/I	le .	\top			☐ Change	
NAME	GOODWIN, GERRY		1.2 NA	ME					
STREET ADDRESS	313 44TH AVENUE			REET ADDRI	FSS				
CITY-ST-ZIP	ST. PETE BEACH FL 33706			ry-st-zip					
TITLE	D	☐ DELETE	2.1 TI					Change	Addition
NAME	GOODWIN, KRYSIA		2.2 NA	ME					
STREET ADDRESS	313 44TH AVENUE		2.3 \$1	REET ADDR	ESS				
CITY-ST-ZIP	ST. PETE BEACH FL 33706		1	TY-ST-ZIP					
TITLE	OTTERE BENOTITE GOTGO	☐ OELETE	3.1 TI		==			☐ Change	Addition
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 \$1	REET ADOR	ESS				
CITY-ST-ZIP				TY-ST-ZIP					
TITLE		☐ DELETE	4.1 TI					Change	Addition
NAME			4. 2 N	AME					
STREET ADDRESS	l			REET ADDR	ESS				
CITY-ST-ZIP	i			TY-ST-ZIP					
TITLE		☐ DELETE	5.1 TF					☐ Change	Addition
NAME			5.2 N	ME					
STREET ADDRESS			5.3 \$1	REET ADDR	ESS				
			5.4 CI	TY-ST-ZIP					
TITLE		☐ DELETE	6.1 TI	RE				Change	Addition
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 ST	REET ADOR	ESS				
				TY-ST-ZIP					
CITY-ST-ZIP	<u> </u>					Section 140.07/2)(i) Florida Statutos I furthe			

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 orbit, 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 fike empowered.

737-369-14863 Daytime Phone #