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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000039061**1. Corporation Name

| | , | |
|-----------------------------|---------------------|--|
| Principal Place of Business | Mailing Address | |
| 3409 MASTERS DR. | 3409 MASTERS DR. | |
| CLEARWATER FL 34621 | CLEARWATER FL 34621 | |

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90061 006 ***150.00

| H.D.H., II | NU. | | | | | | |
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| Principal Place | e of Business | Mailing Address | | | | | 1 |
| 3409 MASTERS DR. CLEARWATER FL 34621 3409 MASTERS DR. CLEARWATER FL 34621 CLEARWATER FL 34621 | | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | | 3. Date Incorporated or Qualifed 04/30/1997 | • |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | | 4. FEI Number Applied For 59-3452865 Not Applicab | le i |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | •• | 5. Certificate of Status Desired See Required | |
| City & State | e | City & State | | | | 6. Election Campaign Financing S5.00 May Be Added to Fees | |
| 23 Zip | Country | Zip | Čc | ountry | | 8. This corporation owes the current year Intangible | \neg |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | |
| | 9. Name and Address of Cur | | 11 | T | | 10. Name and Address of New Registered Agent | |
| | | | | 81 | Name | , | |
| | T, RICHARD D | | | 82 | Street Address | ss (P.O. Box Number is Not Acceptable) | - |
| | MASTERS DR. | | | 02 | Street Modies | so a company | |
| CLEA | ARWATER FL 34621 | | | 83 | | · · · · · · · · · · · · · · · · · · · | |
| | | | | 84 | City | FL 85 Zip Code 7 | |
| 14 Pureuant | to the provisions of Sections 607 (| 0502 and 607 1508. Florida State | ites the | above-i | named corpor | ration submits this statement for the purpose of changing its registered | |
| office or n | egistered agent, or both, in the Sta m familiar with, and accept the obl | ate of Florida. Such change was ligations of, Section 607.0505, F | authorize lorida Sta | ed by th atutes. | ne corporation | ration submits this statement for the purpose of changing its registered is board of directors. I hereby accept the appointment as registered | |
| office or n agent. I a | egistered agent, or both, in the Stam familiar with, and accept the ob- | ate of Florida. Such change was ligations of, Section 607.0505, F | authorize lorida Sta | ed by the atutes. | named corpor ne corporation signature required v | s board of directors. I hereby accept the appointment as registered | |
| office or n agent. I a | egistered agent, or both, in the Stam familiar with, and accept the ob- | ate of Florida. Such change was ligations of, Section 607.0505, F agent and title if applicable. (NO | authorize forida Sta FE: Register | ed by the atutes. | ne corporation | when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
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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 chapted, or on an attachment with an address, with all other like empowered.