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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000041849

LENNY & VINNY'S BUSCH BOULEVARD, INC.

Principal Place	e of Busine	ss		Ma	ifing Address	 i					I.		EDIA 100AN 00A		AMIN BIRBY I		HEID ION (BD)
8405 BENJAMIN RD				840	8405 BENJAMIN RD												
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TAMPA FL 33634					TAMPA FL 33634					<u> </u>	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed						
US				US									G OF Quali	ięu			
2 Detector (D	1 4 Diva		<del></del>	22	Mailing Addr						4. FEI No	2/1997 Imber				Apr	plied For
2. Principal Pl		ness <b>CH BLVD</b>	,	-	Maining Addr	ess						173115_				<u> </u>	t Applicable
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	w, etc.			27		. ــــــــــــــــــــــــــــــــــــ					5. Certifo	ate of Stat	us Desired	q. 🗆	•	Fee Re	quired
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23 TAMPA				28	•							Fund Contr	-	<b>.</b>		Added to	
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24 33612		25	US	29			30				Persor	nal Propert	y Tax.		<b>X</b> [ <b>X</b> ]	Yes	□No
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	iey, r r						\ <u>-</u>	82	Street A	ddress	(P.O. Box	Number i	s Not Acc	eptable)			
		edy blvd. #	#4100				Ľ				(, , , , , , ,						_
TAM	PA FL 33	602					[1	83									
							-	84 (	City				***		8:	Zip C	Code
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11. Pursuant office or re	egistered a	isions of Secti gent, or both, with, and acce	in the State of	of Florid	la. Such chan	iqe was ai	uthonzed I	by the	named c ne corpor	orporat ration's	ion submi board of	ts this stat directors. I	ement for hereby a	the purpo ccept the	se of char appointme	nging its nt as reg	registered gistered
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SIGNATURE																	
	Signature, type	ed or printed name	of registered agen	nt and title it	f applicable.	(NOTE	: Registered A	gent si	signature red	quired whe				DA			
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12.	Signature, type				CTORS	(NOTE			signature rec	Г	ADDITI	ONS/CHA			RS AND D	IRECTO Change	RS IN 12
	D				CTORS		13.	E	signature re	Γ S	ADDITI PST AMSON	ONS/CHAI	L L.	OFFICE	AND D		
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6,4 CfTY-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 of 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: