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 # P97000049590

1. Corporation Name

DORIS SCIANDRA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
8251 37TH AVE NORTH SAINT PETERSBURG FL 33710	8251 37TH AVE NORTH SAINT PETERSBURG FL

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90004 017 ***150.00



Principal Place of Business	Mailing Address					, 611,0 12,11 5511 1551		
3251 37TH AVE NORTH SAINT PETERSBURG FL 33710	8251 37TH AVE NORTH SAINT PETERSBURG FL 33710			DO NOT WRITE IN THIS S	SPACE	.		
· .				3. Date Incorporated or Qualifed 06/05/1997				
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For		
.	26	26		59-3459199		Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required				
City & State :	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip Country	Zip Country		8. This corporation owes the current year Intangible Personal Property Tax.					
9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registered A	gent			
SCIANDRA, DORIS		81	Name					
8251 37TH AVE N		82	Street Addre	reet Address (P.O. Box Number is Not Acceptable)				
ST PETERSBURG FL 33710		83						
•		84	City	FL	85	Zip Code		
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligat 	of Florida. Such change was authorize	d by I	the corporation	ration submits this statement for the purpose of one of the purpose of one of the purpose of the	hangir ment	ng its registered as registered		
SIGNATURE Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Registere	d Agen	t signature required	when reinstating) DATE				

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	egistered Agent signature re	equired when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SCIANDRA, DORIS L	1.2 NAME	
STREET ADDRESS	8251 37TH AVE NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	1.4 CITY-ST-ZIP	
TITLE	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	,	2.2 NAME	` <i>.</i>
STREET ADDRESS	· ·	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TTILE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS	**************************************	3.3 STREET ADDRESS	in the second control of the control
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4,1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	•	5.2 NAME	
STREET ADDRESS	•	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	` ·
CITY OF 7ID	i	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:

\(\frac{4-12-99}{\text{Davime Phone #}}\)\(\frac{727-3\frac{9}{3}-1\frac{9}{4}\text{6}}{\text{Davime Phone #}}\)