## 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 # DOZOGOEGOA1

Principal Place of Business	Mailing Address
1401 CENTRAL AVE. ST. PETERSBURG FL 44713	4401 CENTRAL AVE. ST. PETERSBURG FL 44713
2. Principal Place of Business	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
3	

## Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90031 049 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Applied For

Fee Required \$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

06/12/1997 4. FEI Number

59-3452079

696 1ST AVE. N., SUITE 400 ST. PETERSBURG FL 33701				82 Street Address (P.O. Box Number is Not Acceptable)				
							· .	
					·	A	0-4-	
			84	City	FL	85  Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502 and 60	7.1508, Florida Statute	s, the above	e-named	corporation submits this statement for the purpose of	nanging i	ts registered	
office or n	egistered agent, or both, in the State of Florid m familiar with, and accept the obligations of,	a. Such change was au	thorized by	the como	oration's board of directors. I hereby accept the appoin	tment as	registereo	
SIGNATURE	Signature, typed or printed name of registered agent and title in	Analisable (NOTE: 6	Projetered Ager	t eignature re	equired when reinstating) DATE			
12.	OFFICERS AND DIRE		13.					
TITLE	D OTTOERO AND BINE	☐ DELETE	1.1 TITLE	·- I		Change		
NAME	BITTLE, CLIFTON R	<u> </u>	1.2 NAME					
STREET ADDRESS	105 NW 99TH TERR.		1.3 STREET	ADDRESS	_			
CITY-ST-ZIP	GAINESVILLE FL 32607		1.4 CITY-S	r-ZIP	·			
TITLE	D	☐ DELETE	2.1 TITLE			☐ Chang	e	
NAME	BITTLE, HOLLY P		2.2 NAME					
STREET ADDRESS	105 NW 99TH TERR.		2.3 STREE	ADDRESS			ĺ	
CITY-ST-ZIP	GAINESVILLE FL 32607		2.4 CITY-5	T-ZIP				
TITLE.		☐ DELETE	3.1 TITLE			☐ Change	Addition	
NAME	. •	. •	3.2 NAME	,	<del>-</del>			
STREET ADDRESS			3.3 STREE	ADDRESS			]	
CITY-ST-ZIP			3.4. CITY-5	T-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Chang	e	
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREE	ADDRESS			}	
CITY-ST-ZIP		<del></del>	4.4 CITY-S	T-ZIP			Addition	
TITLE		☐ DELETÉ	5.1 TITLE			Chang	e	
NAME			5.2 NAME		1		1	
STREET ADDRESS			5.3 STREE				<u> </u>	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		Chara	a	
TITLE		☐ DELETE	6.1 TITLE			Chang	e	
NAME			6.2 NAME				1	
STREET ADDRESS				FADORESS			]	
CITY-ST-ZIP	, wife that the information cumpling with this fi	ing does not qualify for	6.4 CITY-S		in Section 119.07(3)(i), Florida Statutes. I further cert	ify that the	information	
indicated	on this annual report or supplied with this in	report is true and accur	ate and tha	t my sign:	ature shall have the same legal effects; if made under	er oain; ina	at i am an	

officer or director of the corporation or the receiver or trustee empowered to execute this report as red Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.