## 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

## FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90126 006 \*\*\*150.00

<ol> <li>Corporation</li> </ol>	AN RUSSIAN ENVRIONMEN						
DUNEDIN FL 34	1698	DUNEDIN FL 34698			DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualifed 06/17/1997		
2 Principal Pi	lace of Business	2a. Mailing Address	<del></del>		4. FEI Number	I Ai	oplied For
2. 7 mispai 1 1000 0, 222000		26			59-3455448	N.	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional equired
City & State		City & State		& Floation Compaign Financing	<del></del>	·	
City & State		28		6. Election Campaign Financing S5.00 Ma Trust Fund Contribution Added to F			
Zip 24	Country	Zip [	Countr 30	У	<ol> <li>This corporation owes the current yearsonal Property Tax.</li> </ol>	ear Intangible Yes	No
<u>1</u>	9. Name and Address of Curre				10. Name and Address of New Regis	tered Agent	
			8	Name		_	
PATEL, SANDIP I PATEL MOORE & O'CONNOR, PA 2240 BELLEAIR RD, STE 160			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
			8:	3			
CLEARWATER FL 33764				-		oc Zin	Code
			84	City		FL 85 Zip	Code
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: ND DIRECTORS	Registered Ag	ent signature requir	ed when reinstating)  ADDITIONS/CHANGES TO OFFICEI	RS AND DIRECTO	OR\$ IN 12
TITLE	PST	☐ DELETE				☐ Change	☐ Addition
NAME .	ALBERT, THOMAS E		1.2 NAME 1.3 STREET ADDRESS				
STREET ADDRESS	1059 BROADWAY, STE, G						
CITY-ST-ZIP	DUNEDIN FL 34698			ST-ZIP			
TITLE		☐ DELETE				☐ Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	<u>,                                    </u>	☐ DELETE	2. 4 CITY- 3.1 TITLE			☐ Change	Addition
TITLE NAME	1					<del></del>	
STREET ADDRESS			3.2 NAME 3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			34. CITY-	ŀ		_	
TITLE		☐ DELETE	4 1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAMI	<u> </u>			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		DELETE	5.1 TITLE	ı		Change	☐ Addition
NAME			5.2 NAME	1			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		□ BELETE	5.4 CITY- 6.1 TITLE			Change	☐ Addition
TITLE		☐ DELETE	6.2 NAME			Ci cuaride	
NAME				ET ADDRESS			
STREET ADDRESS			6.4 CITY				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: