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 # **P97000064240**1. Corporation Name

4145 PETE'S PLACE, INC.

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90035 028 ***158.75



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Principal Place of Business	Maili	ng Address				- + INVITABLE LIB LOUIT SEDIL ROLL ROLL	() 98 411 40 112 1	iliti alala itati a	1911 6911 1991	,
4145 HENDERSON BLVD.		4145 HENDERSON BLVD.								
TAMPA FL 33629	** *-	TAMPA FL 33629			DO NOT WRITE IN THIS SPACE					
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		•				3. Date Incorporated or Qualifed				
						07/24/1997		114	Liad For	
2. Principal Place of Business	<u> </u>	failing Address				4. FEI Number		<u> </u>	olied For	1
21	26					59-3465845	/	\$8.75 A	Applicable	'
Suite, Apt. #, etc.	·	uite, Apt. #, etc.				5Certifcate.of.Status.Desired	_[Fee Rec		
22	27	City & State				5 51 11 0				
City & State	├ ¬	ily & Sizie				Election Campaign Financing Trust Fund Contribution		\$5.00 t Added to	•	
Zip Cou	untry Z8	ip .	Cou	intry		8. This corporation owes the curre	nt year Int			
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J. Name and Ad	diesa or ourront regiotal			81	Name					
CANNELLA, NORMAN	S									
111 SOUTH MOODY AVENUE				82	Street Addre	ss (P.O. Box Number is Not Acceptal	oie)			'
TAMPA FL 33609	, <u>-</u>			83						
1								``		
				84	City	:	FL	85 Zip C	ode	
44 Durament to the provinces of 6	Sections 607 0502 and 607	1508 Florida Statut	s the a	hove	named como	ration submits this statement for the p	ni)roose of	 changing its :	registered	
office or registered agent, or h	noth, in the State of Florida.	Such change was au	ithonzed	d by t	he corporation	n's board of directors. I hereby accep	the appoir	ntment as reg	istered	
agent. I am familiar with, and	accept the obligations of, S	ection 607.0505, Flor	ida Stati	utes.						ĺ
SIGNATURE	name of registered agent and title if a	policable (NOTE	Registered	Agent	signature required	when reinstating)	DATE			ے ا
12.	OFFICERS AND DIRECT	···	13.			ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	RS IN 12	8
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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 of 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: