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 #	P97000065486
Corporation Name	1 01 000000-100

ANNUIL COEPITUS, INC.

1102 FUCHSIA DR.

HOLIDAY FL 34691

Principal	Place	of	Busines	3

Mailing Address

12034 93RD WAY N **LARGO FL 33773**

12034 93RD WAY N. LARGO FL 33773

L	
2. Principal Place of Business	2a. Mailing Address
21 12634 93as won	26 LARGO, FEZ 3377)
Suite, Apt. #, etc	Suite, Apt. #, etc.
22	27
City & State	City & State
23 LANGO, M	28 LM 60
Zip Country USA	- Zip Country
24 33773 25 PINEUR	15 [29] 33773 [30] USM
9. Name and Address of Currer	nt Registered Agent
	81 Name
COLLIER, JAMES H SR.	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1997

4. FEL Namber

59-3458279

5. Certificate of Status Desired

Applied For Not Applicable

\$8.75 Additional Fee Required

6, Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible

Personal Property Tax 10. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable) 700002885427---4 -05/25/93 --01042---006 ****150.00 164 1 5 Ohe [] []

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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12. OFFICERS AND DIRECTORS [] DELETE TITLE 1:100 JURGENS, JON NAME 1.2 NAME 12034 93RD WAY NORTH STREET ADDRESS **LARGO FL 33773** CITY-ST-ZiP [| DELETE TITLE 2.1 THEF NAME 2.7 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 OHY \$5-205 [| DELETE TITLE 311:LE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 City St-2ii

CITY-ST-ZIP LIDELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [| DE: FTE TITLE NAME STREET ADDRESS CITY-\$T-ZIP [] DELETE TITLE NAME

Signature, typed or contect non-ellef registered alternal district applicable

INDIE Beisbreit Ass

City

organization

DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 [| Change

I + Addition

F 1 Addition [| Chance

> f] Add tion ∫ 1 Change

FTI Addition

["| Change

[| Change [[Additor

CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Frorida Statutes. I further certify that the information indicated on this annual report or suppliance that annual report or suppliance 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. Find a Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an other than an address, with all other like empowered.

4 1 TITLE

4 2 NAME

51 TiFLE

5.2 NAME

6.1 Tall F

6.2 NAME

4.3 STREET ADDRESS

5 3 STREET ADDRESS

6.3 STREET ADORESS

6 4 CITY - \$1 - ZIP

54 CHY-51-76

4.4 CGY-ST-26

SIGNATURE:

STREET ADDRESS

JURGERS JON

727-531-5500

CR2E034