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 Jun 07, 1999 8:00 am Secretary of State

06-07-1999 90017 008 ***550.00

DOCUMENT #	P9700006691	2
1. Corporation Name	1 870000081	_

1. Corporati	ion Name P97000	000912		
Principal Pla	ce of Business	Mailing Address		
2340 STATE F		2340 STATE ROUTE 580 CLEARWATER FL 33763		
Suite, Apt Suite, Apt City & Sta Zip Zip MilLL 234(CLE	25 9. Name and Address of Current LER, CARL J 0 STATE ROUTE 580 ARWATER FL 33763	and 607.1508, Florida Statutes	83 84 City	3. Date Incorporated or Qualifed 08/01/1997 4. FEI Number APPLIED FOR 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year Intangible Personal Property Tax. 10. Name and Address of New Registered Agent Address.(P.O. Box Number is Not Acceptable) FL 85 Zip Code 33 C-44 Corporation submits this statement for the purpose of changing its registered reation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: R	egistered Agent signature re	stuited when reineralines
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	MS Change
NAME	MILLER, CARL J		1.2 NAME	A clience D voolitori
STREET ADDRESS	16228 FANTASIA DRIVE		13 STREET ADDRESS	a lun V acting lass.
CITY-ST-ZIP	TAMPA FL 33624		1.4 CITY-ST-ZIP	21,941 1- 29 19 38 149
TITLE		☐ DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	Change [] Addition
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		~ -	3.2 NAME	Change Addition
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			1	
TITLE		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	
NAME			4. 2 NAME	☐ Change ☐ Addition
STREET ADDRESS				
CITY-ST-ZIP			4.3 STREET ADDRESS	
TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	
NAME		الما المادية	5.2 NAME	☐ Change ☐ Addition
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-2ID	

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 oddress, with all other five empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

TITLE

STREET ADDRESS

☐ DELETE

☐ Change

Addition