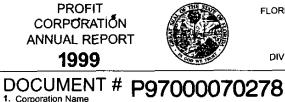
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90008 013 \*\*\*150.00

PAIN RELIEF DIST. INC.								
								K <b>a</b> ri ( <b>a 10</b> ) ( <b>a</b> 1) ( <b>11</b> )
Principal Place	e of Business	Mailing Address						
6435 92ND PLACE NORTH 6435-92 PLACE NORTH								
STE 901 STE 901 PINELLAS PARK FL 33782 PINELLAS PARK FL 3378						DO NOT WRITE IN	THIS SPACE	
US CARR	A PL 33/02	US	ELLAS FARK FL 33703		3. Date Incorporated or Qualifed			
••						08/13/1997		_
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	14	Applied For
21		26				59-3466316		
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.7	5 Additional
22	, 5.5.	27				5. Certifcate of Status Desired	•	Required
City & State	9	City & State				6. Election Campaign Financing	\$5.0	00 May Be
23		28				Trust Fund Contribution		ed to Fees
Zip	Country	Zip				8. This corporation owes the current y	ear Intangible	
24	25	<b>├</b> '	30	•		Personal Property Tax.	ŬYes	□No
24;	9. Name and Address of Current					10. Name and Address of New Regis	tered Agent	
			8	1 N	ame			
GLOVER, BONNIE G 6435-92ND PLACE NORTH, STE 901				\ <u>\</u>	to a d. d. al al al a	- /D O. Day Number in Not Acceptable)		
				32 S1	treet Addre	ss (P.O. Box Number is Not Acceptable)		
PINELLAS PARK FL 33782				13				
	•		L	$\bot$				
•			} {	34) C	ìty		FL  85	Zip Code
11 Durationt	to the provisions of Sections 607 0503	and 607 1508 Florida Statute	s the abo	No-na	med como	ration submits this statement for the purp	ose of changing	its registered
office or e	opietorod agent or both in the State c	of Florida, Such change was all	inanzea i	w the	corporation	a's board of directors. I hereby accept the	appointment a	s registered
agent. I ai	m familiar with, and accept the obligati	ions of, Section 607.0505, Flori	da Statut	es.				
SIGNATURE	Signature, typed or printed name of registered agent	Codello 2 - Partia Motor (	Denistared A		oturn mauland	when reinstating) D	ATE	
12.	OFFICERS ANI		13.	gork sign	idiore roquired	ADDITIONS/CHANGES TO OFFICE		CTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE				☐ Char	
NAME	GLOVER, BONNIE G		1.2 NAM	E				
STREET ADDRESS 6435-92ND PLACE NORTH, STE 901			1.3 STREET ADDRESS		RESS			
	PINELLAS PARK FL 33782	_ 001		-ST-ZIP				
CITY-ST-ZIP	FINELLAS FARK FE 33702	☐ DELETE	2.1 TITLI				Char	nge Addition
			2.2 NAM					
NAME			•		DECC			\
STREET ADDRESS			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
CITY-ST-ZIP		□ DELETE	DELETE 3.1 TITLE			<del></del>	☐ Char	nge Addition
TITLE			3.2 NAM					
NAME			•		,DEGG			
STREET ADDRESS			3.3 STR		i			
CITY-ST-ZIP		☐ DELETE	3.4. CITY 4.1 TITU		<u>'</u>		Char	nge
TITLE								, <u> </u>
NAME			4. 2 NAN		l			
STREET ADDRESS			1 '	EET ADD	l l			
CITY-ST-ZIP		Operete	-	-ST-ZIP			Char	nge Addition
TITLE		☐ DELETE	5.1 TITL				char	igo [] Addisolt
NAME			5.2 NAM		.0500			
STREET ADDRESS				EET ADD				
CITY-ST-ZIP				-ST-ZIP	<u> </u>			ann Distriction
TITLE		☐ DELETE	6.1 TITL				☐ Cha	nge   Addition
NAME			6.2 NAM					
STREET ADDRESS 6.				EET ADD	RESS			Ì
ı			E C 4 CITY	CT 710	. 1			

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 absorber like empowered.

SIGNATURE: