Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90092 015 ***150.00

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 # P97000073623

STREET ADDRESS

CITY-ST-ZIP

 Corporation 	n Name				
CTR GRO	OUP, INC.				
				(1886) 883 (1887) (1887) (1887) 883) (1887) (1887) (1887)	AANN IIIKA ORKIN IKANA IIII KAA
Principal Place	e of Business	Mailing Address			OND ISING ONIO HOUD HER LOST
4528 2ND AVE N 4528 2ND AVE N					
ST PETERSBURG FL 33713 ST PETERSBURG FL 33713					
US US				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed	
				08/22/1997	
2. Principal P	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		59-3464089	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Int	
24	[25]	29 30)	Personal Property Tax.	Yes No
	9. Name and Address of Current		81 Name	10. Name and Address of New Registered	Agent
HII K	EDT DOLIGIAS I NEW	Address:	o i Name	:	
HILKERT, DOUGLAS L 28870 US 19 NORTH SUITE 300 CLEARWATER FL 33761 CLEARWATER FL 33761			82 Street Address (P.O. Box Number is Not Acceptable)		
	E 300 Suite	, Δ΄ - Ι			
- 3011	ADMATER EL-99761 OLDING	into - 51 227/	(83		
CLE	THAILTE SOLOT CLEAR	WATER , F 1 33 16	84 City		85 Zip Code
	<u></u>			FL	<u> </u>
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes,	the above-named corp	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	changing its registered.
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	a Statutes.	one board of an obtoror, I morely accept the appro-	
SIGNATURE					
	Signature, typed or printed name of registered agent		gistered Agent signature require		ID DUDECTODO IN 40
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
TITLE	V STACK AT ACK MA	☐ DELETE	1.1 TITLE		
NAME	THOMPSON, STACY M		1.2 NAME		
STREET ADDRESS	4528-2ND AVE. NORTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33713		1.4 CITY- ST-ZIP		
TITLE	Р	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition [
NAME	THOMPSON, JEFFERY R		2.2 NAME		
STREET ADDRESS	4528-2ND AVE. NORTH		2.3 STREET ADDRESS	•	•
CITY-ST-ZIP	ST. PETERSBURG FL 33713		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		10.
STREET ADDRESS			5.3 STREET ADDRESS	•	
CITY-ST-ZiP			5.4 CITY-ST-ZIP		1
0111-01-21			517 5111 51 51		
TITLE		☐ DELETE	6.1 TITLE		Change Addition

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:

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP