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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000073943

1. Corporation Name

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90014 028 ***150.00

COLONIA	al bayfront managemen	T, INC.					
) 40	(() () () () () () () () () ()
							TARIK alage kok i ag i
Principal Place	e of Business	Mailing Address					
11580 OAKHURS	ST ROAD	11580 OAKHURST ROAD					
LARGO FL 34644 LARGO FL 34644				DO NOT WRITE IN THIS SPACE		_	
					3. Date Incorporated or Qualifed	N THIS SPACE	<u> </u>
					08/26/1997		
O Deinstool D	lean of Business	2a. Mailing Address			4. FEI Number		Applied For
	lace of Business	├ ¬			59-3464751	}	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			33 0404731	\$8.	75 Additional
22	teg salety, and the salety and the salety and the	27		· · · · · · · · · · · · · · · · · · ·	5. Certifcate of Status Desired		e Required
City & State	e	City & State			6. Election Campaign Financing	\$5	.00 May Be
23		28			Trust Fund Contribution		Ided to Fees
Zip	Country	Zip	Country		8. This corporation owes the current y	ear Intangible	
24	25	29 30	0		Personal Property Tax.	☐ Yes	s □No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regis	stered Agent	
4 11 4 1			81	Name			
HUNT, NANCY W			82	82. Street Address (P.O. Box Number is Not Acceptable)		,	
	IRST STREET SOUTHEAST						
SIP	ETERSBURG FL 33701		83				
			84	City		85	Zip Code
				′			,
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	e-named co	orporation submits this statement for the purpation's board of directors. I hereby accept the	ose of changi	ng its registered
	egistered agent, or both, in the State of	i Fiorida. Such charide was autr	iorizea by		ation a poard of directors. His epy accept his	abbonument	as registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes		• •		
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes		, ,		
agent. I a	m familiar with, and accept the obligated	and title if applicable. (NOTE: Re	a Statutes		uired when reinstating)	ATE	
agent. I a	m familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS AND	ons of, Section 607.0505, Florida and title if applicable. (NOTE: Re	a Statutes egistered Agen			ATE RS AND DIRE	ECTORS IN 12
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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 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: