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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT QF STATE.

Katherine Harris

Secretary of State

1999

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	P970000	746372

THE BERANDA CORPORATION 11017 SAGINAW

TEMPLE TERRACE FL 33617

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90282 039 ***150.00



Timopar face of business	Maining Address		4524/6 - 90282 - 39			
11017 SACINAW TEMPLE TERRACE FL 33617	11017 SAGINAU TEMPLE TERRACE FL 33617		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 8/27/97			
2. Principal Place of Business 11 10410 ELEVA LANE Suite, Apt. #, etc.	2a. Mailing Address 26	LANE	4. FEI Number 59-3469765 5. Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional		
City & State 13 THONOTUSASSA FL	27 City & State 28 THONOTO SASSA FL		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 4 33592 25 USA	29 33592 30	U 5 A	This corporation owes the current year Personal Property Tax.	☐ Yes		
9. Name and Address of Current FLEURY, ROBERT W 11017 SAGINAW TEMPLE TERRACE FL		82 Street Addres 1 0 4 1 6	10. Name and Address of New Registers EURY, ROBERT W. ss (P.O. Box Number is Not Acceptable) O ELENA LANE NOTO SASSA F	L 85 Zip Code 3 3 5 9 2		
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of 	Florida. Such change was authorized	bove-named corporation	ration submits this statement for the purpose			

m familiar with, and ascept the obligations of, Sectio	n 607.0505, Florida	a Statutes.		, , , , ,	1 .	
Signature, typed or printed name of registered agent and title (spplicab				4/15/	199	
OFFICERS AND DIRECTORS	3	13.	ADDITIONS/CHANGE	S TO OFFICERS	AND DIRECTOR	RS IN 12
T	☐ DELETE	1.1 TITLE			☐ Change	Addition
FLEURY ANN M		1.2 NAME				
11017 SAGINAW		1.3 STREET ADDRESS	10410 ELENA	LANE		
TEMPLE TERRACE FL	33617	1.4 CITY-ST-ZIP	THONOTOSASSA	1 FL 33	592	
	☐ DELETE	2.1 TITLE	P		☐ Change	Addition
		2.2 NAME	FLEURY, ROB	ERT W		
		2.3 STREET ADDRESS	10410 ELEN	A LANE	_	
		2. 4 CITY-ST-ZIP	THONOTO SASS	4 _ FL_	33592	<u>-</u>
	☐ DEFELE	3.1 TITLE			☐ Change	Addition
		.3.2 NAME				
		3.3 STREET ADDRESS				
		3.4. CITY-ST-ZIP				
	☐ DELETE	4.1 TITLE			☐ Change	Addition
		4.2 NAME				
·		4.3 STREET ADDRESS				
		4.4 CITY-ST-ZIP				
	DELETE	5.1 T/TLE		_	Change	Addition
		52 NAME	•			1
		5.3 STREET ADDRESS				ļ
		5.4 CITY-ST-ZIP				
	☐ DELETE	6.1 TITLE			Change	☐ Addition
		6.2 NAME				
		6.3 STREET ADDRESS				
		6.4 CITY-ST-ZIP				
	Signature, typed or printed name of registered agent and title yapplicab OFFICERS AND DIRECTORS T FLEURY, ANN M.	Signature, typed or printed name of registered agent and title papplicable. OFFICERS AND DIRECTORS T DELETE FLEURY, ANN M. 11017 5 A GI NUAW TEMPLE TERRACE FL 33617 DELETE DELETE DELETE DELETE	Signature, typed of printed name of registered agent and title papplicable. OFFICERS AND DIRECTORS 13. T	Signature, typed or printed name of registered agent and tille phopologies. OFFICERS AND DIRECTORS T OFFICERS AND DIRECTORS T I 13. ADDITIONS/CHANGE: 1 1 17 ILE 1 2 NAME 1 10 1 7 5 A G1 /UAW TEMPLE TERRACE FL 33617 DELETE DELETE DELETE 1 17 ITLE 2 2 NAME 2 3 STREET ADDRESS 1 0 4 1 0 ELENA THONOTOSASSA 2 4 CITY-ST-ZIP DELETE DELETE 1 17 ITLE 2 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP DELETE DELETE 1 1 ITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY-ST-ZIP DELETE 5 1 TITLE 5 2 NAME 4 3 STREET ADDRESS 4 4 CITY-ST-ZIP DELETE 5 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY-ST-ZIP DELETE 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY-ST-ZIP	Signature, typed or printed name of registered agent and tille propolicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS A T	Signature, typed or printed many of registered agent and tile prophetable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS T DELETE 1.1 TITLE Change

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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR