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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF 5

Katherine Harris

Secretary of State 💣 DIVISION OF CORPORATIONS

1999 **DOCUMENT #**

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FILED Apr 08, 1999 8:00 am Secretary of State

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24	25	29		30		-	Personal Property Tax.	,	Yes	□No	
	9. Name and Address of Curre		d Agent				10. Name and Address of New R	egistered /	Agent]
_	> 0 ~ O				81 N	lame					
	David M. Kadan	•		ŀ	82 S	treet Addres	ss (P.O. Box Number is Not Accepta	ble)			
1200 45th 5t. N. St. Petersburg, FL 33713					"	niect Addres	SS (1.0, DOX NUMBER IS NOT NOCEPIC	U.C,			
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office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	e of Florida. Si	uch change was a	authorized	by the	amed corpor	ration submits this statement for the 's board of directors. I hereby accep	purpose of o	changing its itment as req	registered gistered	
agent.ía	am familiar with, and accept the obliga	ations of, Sec	tion 607.0505, Flo	orida Statu	ites.						
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applic	cable (NOT)	E: Registered	Agent sig	nature required v	when reinstating)	DATE			(
SIGNATURE	Signature, typed or printed name of registered age			E: Registered	Agent sig	nature required v	when reinstating) ADDITIONS/CHANGES TO OFI	DATE FICERS AN	D DIRECTO	RS IN 12	(86)
ļ	Signature, typed or printed name of registered age OFFICERS AI					nature required v			D DIRECTO	RS IN 12	(11/98)
12.	Signature, typed or printed name of registered age OFFICERS AI President	ND DIRECTO	ORS	13.	LE	nature required v					34 (11/98)
12.	Signature, typed or printed name of registered age OFFICERS AI President David M. Kadan 1300 U5th Street	ND DIRECTO	ORS	13. 1.1 TiT 1.2 NA	LE						=034 (11/98)
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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:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #