

05061999-90274-013-\$150.00-\$150.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 JUN 25 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000076728

1. Corporation Name  
WILD STYLE DEE JAZE, INC.



05-06-1999 90274 013 \$150.00  
DO NOT WRITE IN THIS SPACE

Principal Place of Business  
4100 W. KENNEDY BLVD., STE. 210  
TAMPA FL 33609

Mailing Address  
4100 W. KENNEDY BLVD., STE. 210  
TAMPA FL 33609

3. Date Incorporated or Qualified  
09/02/1997

4. FEI Number  
APPLIED FOR 59-3570839

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 8703 N. Linda Ct. 26 8703 N. Linda Ct.

Suite, Apt. #, etc.

22 Tampa FL 27 Tampa FL

City & State

23 33604 28 33604 30

Country

9. Name and Address of Current Registered Agent

MARKS, PAUL T  
4100 W. KENNEDY BLVD., STE. 210  
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name Jose A. Rodriguez III

82 Street Address (P.O. Box Number is Not Acceptable)  
8703 N. Linda Ct.

83

84 City Tampa FL 85 Zip Code 33604

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE 5-28-99

12. OFFICERS AND DIRECTORS

TITLE	OP	RODRIGUEZ, JOSE A III	<input type="checkbox"/> DELETE
NAME		8703 N. LINDA COURT	
STREET ADDRESS		TAMPA FL 33604	
CITY-ST-ZIP			
TITLE	DST	RODRIGUEZ, KANYON S	<input type="checkbox"/> DELETE
NAME		8703 N. LINDA COURT	
STREET ADDRESS		TAMPA FL 33604	
CITY-ST-ZIP			
TITLE	V	LOTT, DON R	<input checked="" type="checkbox"/> DELETE
NAME		4100 W. KENNEDY BLVD., STE. 210	
STREET ADDRESS		TAMPA FL 33609	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 filers empowered.

SIGNATURE: \_\_\_\_\_ DATE 4/27-99

OR2E034 (1/788)