FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

5593 146TH TER N **CLEARWATER FL 33760**

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000084087

Principal Place of Business

5593 146TH TER N

CLEARWATER FL 33760

STENO CORPORATION OF TAMPA, INC.

			,		3. Date Incorporated or Qualifed 09/26/1997
2 Principal C	Place of Rusiness	2a. Mailing Address		_ -	4. FEI Number Applied For
2. Principal Place of Business		26			59-3475102 Not Applicabl
Suite, Apt.	#, etc. 、	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required
City & Stat	te .	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current year Intangible
25 29		29 3	30		Personal Property Tax. ☐ Yes ☐ No
24)	9. Name and Address of Current	<u> </u>	- '-		10. Name and Address of New Registered Agent
				81 Name	9
* TESTA, PHILIP J				82 Street	et Address (P.O. Box Number is Not Acceptable)
4726-8 N LOIS AVE				oz Sireei	at Address (F.C. Box Number is Not Acceptable)
TAM	IP FL 33614		Ţ	B3	
			<u> </u>		00 75 004
	•			64 City	FL 85 Zip Code
agent. I a	am familiar with, and accept the obligation	ons of, Section 607.0505, Fioric	ja Statui		poration's board of directorsI.hereby accept the appointment as registered e required when reinstating) DATE
	Signature, typed or printed name of registered agent and OFFICERS AND		13,	gent agnature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D. OFFICERS AND	DELETE	1.1 Till		O ichange Addition
	TAYLOR, CHRISTINA A	_ 0225.2	1.2 NAM		Christing TI. laylor
NAME .	COOR ALOTTI TED N			EET ADDRESS	Christina A. Taylor Genange Addition 2717 Seville Blvd. #7210 Clearwater, 4 33764
STREET ADDRESS	CLEARWATER FL 33760		1	/-ST-ZIP	Cles 1210 4 33764
CITY-ST-ZIP	CLEARWAIER PL 33760	☐ DELETE	2.1 TITL		Change Addition
TITLE	ļ		2.2 NAA		
NAME	Į		_	EET ADDRÉSS	g c
STREET ADDRESS				Y-ST-ZIP	· ·
CITY-ST-ZIP TITLE	-	DELETE	3.1 TITL		☐ Change ☐ Addition
NAME	1.		3.2 NAN		
STREET ADDRESS				EET ADORESS	s
				Y-ST-ZIP	
CITY-ST-ZIP TITLE	 	☐ DELETE	4.1 TITL		Change Additi
NAME			4. 2 NA	ME	
STREET ADDRESS			1	EET ADDRESS	s
CITY-\$T-ZIP	}			/-ST-ZIP	
TITLE		DELETE	5.1 TITL		☐ Change ☐ Additi
NAME			5.2 NAN	AE	
STREET ADDRESS	}		5.3 STR	EET ADDRESS	s
CITY-\$T-ZIP			5.4 CITY	Y-ST-ZIP	,
TITLE		DELETE	6.1 TITL	E	Change Additi
NAME]	_	6.2 NAM	AE .	
STREET ADDRESS			6.3 STR	EET ADDRESS	s
CITY-ST-ZIP	1	•	6.4 CIT	Y-ST-ZIP	
UNIT-ST-ZIF '	1				

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

SIGNATURE:

813-229-8225

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90041 038 ***150.00

DO NOT WRITE IN THIS SPACE