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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000087534

1. Corporation Name

CUSTOM WORLD OF TAMPA, INC.

Principal Pla	ce of Business
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Mailing Address

13100 NO NEBRASKA AVE TAMPA FL-23619- 33612 13100 NO NEBRASKA AVE TAMPA FL 33613 33612

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

05-06-1999 90151 039 ***150.00



					DO NOT WRITE IN THIS SPACE					
							3. Date Incorporated or Qualifed 10/09/1997			
2 Principal DI	ace of Business	22	, Mailing Address				4. FEI Number	TT	Applied For	
— `	race of Busiliess	26	, maining / tables				59-3488567	\rightarrow	Not Applicable	
Suite Ant	#, etc	[20]	Suite, Apt. #, etc.			~			5 Additional	
	W, Olderson	27	cano, ripa ni oto.				5. Certificate of Status Desired		Required	
City & State	<u> </u>	121	City & State				6. Election Campaign Financing	\$5.0	00 May Be	
·	-	28	ony a ondio				Trust Fund Contribution		ed to Fees	
23 Zin	Country	28	Zip Country				This corporation owes the current year Intang		10 10	
Zip	_ `		30				Personal Property Tax. Yes \(\sum \)No			
24	25 25 Comment	29		30	T	·	10. Name and Address of New Registered Age			
	9. Name and Address of Current	regi	Presen What		81	Name	19. Haine and Page 900 of from Neglectica Ag			
CBV.	Y, DAVID				"					
	O NO NEBRASKA AVE				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		_	
,	• • • • • • • • • • • • • • • • • • • •									
IAM	PA FL 33613				83					
					84	City	- 1	85 Z	ip Code	
						<u> </u>	FL	<u>_</u>		
affica or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligations.	of Flori	ida. Such change was a	uthorizei	d by	the corporatio	oration submits this statement for the purpose of chain's board of directors. I hereby accept the appointment	anying nent as	registered	
SIGNATURE	Signature, typed or printed name of registered agent	and title	of applicable (NOTE	Registere	1 Ager	nt signature required	when reinstating) DATE			
12.	OFFICERS ANI			13.	- / go		ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS IN 12	
TITLE	D OF FICERS AND	2 244	□ PELETE	11 T	TLE			Chang		
Í	T.,			ı,	AME				ļ	
NAME	CRAY, DAVID									
STREET ADDRESS	13100 NO NEBRASKA AVE					FADDRESS			ļ	
CITY-ST-ZIP	TAMPA FL 33613		- Daniere	_	ITY-S	T-ZIP		Chang	ge Addition	
TITLE	D		DELETE	2.1 T			L	_1 coang	go Li Addition	
NAME	HAMBLIN, CHESTER			_= 2.2 N	ーご		The second residence of the se			
STREET ADDRESS	_13100 NO NEBRASKA AVE		-	.2.3 S	TREE	FADDRESS	The same of the sa	~ <	:	
CITY-ST-ZIP	TAMPA FL 33613			2.40	ITY-5	ST-ZIP		=101-		
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NAME	HAMBLIN, KAREN			3.2 N	AME.					
STREET ADDRESS	13100 NO NEBRASKA AVE			3.3 S	TREE	T ADDRESS				
CITY-ST-ZIP	TAMPA FL 33613			3.4. 0	OTY-9	ST-ZIP				
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NAME				4.21	VAME	}			ļ	
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CITY-ST-ZIP			[7] per exe	6.1 T		:- ZIF		Chan	ge 🗀 Addition	
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NAME .	:			6.2 N					ļ	
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O(T) (AT 7/D				6.4 C	ITY-S	T-ZIP			i	

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 pr 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: