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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000089324

1. Corporation Name

Principal Pla	ace of Business		ng Address	<u>.</u>					
St Pe	Manor Way South etersburg, Florida 33712-6035	Pos St. I	t Office Box 1400 Petersburg, Florid 33733-4007	/ la			DO NOT WRITE IN TH	IS SPACE	
		•	·				3. Date Incorporated or Qualifed 10/16/1997	·	
2. Principal	Place of Business	2a. N	lailing Address				4. FEI Number	A	pplied For
21		26					59-3473182		ot Applicable
Suite, Ap	ot. #, etc.	27 S	uite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired
City & St	tate		city & State				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country		ip	Country	,		8. This corporation owes the current year	ntangible	
24	25	29	· –	10			Personal Property Tax.	Yes	□No
	9. Name and Address of Currer						10. Name and Address of New Registere	d Agent	
		-		81	Na	ne			
	DRNADAY, MANDY S			82	Stra	ot Addro	ss (P.O. Box Number is Not Acceptable)		
1640 Manor Way South					"	ot Addie	as (1.0. box realizer is recordable)	_	
St. Petersburg, Florida 33712-6035					1				
300.12.000								loe Zin	Codo
					City	•	F	L 85 Zip	Code
office o	r registered agent, or both, in the State I am familiar with, and accept the obliga	of Florida. ations of, S	ection 607.0505, Florid	norized by da Statutes	ine c s.	orporation	ration submits this statement for the purpose i's board of directors. I hereby accept the appropriate the statement of the purpose when reinstating)	ointment as r	egistered
12.	OFFICERS AN	ND DIRECT	rors	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	PS		DELETE	1.1 TITLE				Change	Addition
NAME STREET ADDRES	HORNADAY, MANDY S 1640 Manor Way South	1 .		1.2 NAME 1.3 STREE	T ADDR	=88			
ŧ	St. Petersburg, Florida	л•[1.4 CITY-5					
CITY-ST-ZIP	33712-6035 _ ====	}	☐ DELETE	2.1 TITLE	<u> </u>	_		Change	Addition
NAME		*		2.2 NAME		-			ľ
STREET ADDRES	22			2.3 STREE	TADOR	ss	•		
	330			2. 4 CITY-					
CITY-ST-ZIP TITLE	 		□ DELETE **	3.1 TITLE	<u> </u>	+-		☐ Change	- Addition
NAME	}			3.2 NAME					İ
STREET ADDRES	[1	•		
				3.3 STREE	T ADDR	∈ssl			l
	SS			3.3 STREE		ESS			Į
CITY-ST-ZIP	SS		☐ DELETE	3.3 STREE 3.4. CITY- 4.1 IITLE		ESS		☐ Change	☐ Addition :
CITY-ST-ZIP			□ DELETE	3.4. CITY-	ST-ZIP	ESS		☐ Change	☐ Addition :
CITY-ST-ZIP TITLE NAME			☐ DELETE	3.4. CITY- 4.1 ΠΤLE 4. 2 NAME	ST-ZIP		<u> </u>	☐ Change	☐ Addition a
CITY-ST-ZIP TITLE NAME STREET ADDRES			□ DELETE	3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREE	ST-ZIP			☐ Change	☐ Addition a
CITY-ST-ZIP TITLE NAME			☐ DELETE	3.4. CITY- 4.1 ΠΤLE 4. 2 NAME	ST-ZIP			☐ Change	☐ Addition

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

☐ Addition