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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000092517

STREET ADORESS

CITY-ST-ZIP

POTTERY IN THE PARK, INC.

					─	PR 148 F8411 48 814 88141 98711 8914 8914	u izilo fi doli u fiol		
Principal P ace of Business Mailing Address					1	• • • • • • • • • • • • • • • • • • • •			
2502 W. AZEEL		2502 W. AZEELE ST.							
TAMPA FL 03609		TAMPA FL 33609	TAMPA FL 33609			DO NOT WRITE IN THIS SPACE			
					3 Date lucorr	orated or Qualifed			
					10/28/19				
2 Princips Di	lace of Business	2a. Mailing Address	<u>-</u>		4. FEI Numbe		An	lied For	
A. A.	Lhave	26			59-3477222			Applicable	
Suite, Apt.	# 815	Suite, Apt. #, etc.			\$8.75 Additional				
22	m, 610.	27			5. Certificate of Status Desired Fee Required				
City & 5 tate	9	City & State			6. Electic n Campaign Financing \$5.00 May Be				
23		28			_Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Zip Counti		8. This corporation owes the current year				
24	25 29 30		30	Personal Property Tax. Yes		□No			
	9. Name and Address of Current	n Registered Agent			10. Name and	Address of New Registered	d Agent		
DAIN	ICEN ANDREA D			B1 Name	ime : A	advess chan	Se M	Iv l	
PAULSEN, ANDREA B				82 Street Addr	ess (P.O. Bo): Nur	nber is Not Acceptable)	3	7-	
6301 S WESTSHORE BLVD #1701				41:) El PC	ado BIND	#4		
IAM	PA FL 33616			83	• • • •	-			
			-	84 City	·		85 Zip C	ode	
				7631	mpa,	FI	L 33	229	
11. Pursuant	to the provisions of Sections 607.050)/. and 607.1508, Florida Statute	s, the ab	ove-named corp	oration submits thi	s statement for the purpose of	of changing its	egistered	
office or re	egistered agent, or both, in the State m familiar with, and a cept the obliga	ार्ग Florida. Such change was au at ons of. Section 607.0505. Flor	ithorized ida Statul	by the corporations.	on's board of lirec	ors. I nereby accept the app	omument as reț	istered	
	Andrew BP	and Andre	C. R	Pau	(Ser)	4/25/01	9	į	
SIGNATUFIE	Signature, typed or printed name of registered age	an and title if applicable (NOTE:	Registered A	gent signature require	d when reinstating)	DATE			
12.	OFFICERS AN	NI) DIRECTORS	13.		ADDITI ONS	CHANGES TO OFFICERS			
TITLE	P	DELETE	1.1 TITU	Ε			Change	Addition	
NAME	Paulsen, andrea b		1 2 NAN					İ	
STREET ADDRESS	6301 S WESTSHORE BLVD	#701	1.3 STR	EET ADDRESS	10 El Pa	ado Blud #4			
CITY-ST-ZIP	TAMPA FL 33616		1.4 CIT	(-ST-ZIP	ampa.	ado Blvol.#4 Fi: 33629			
TITLE	VP	☐ DELETE	2.1 TITL	E	,,,		☐ Change	☐ Addition	
NAME	DECARO, JOHN L		2.2 NAM	Æ					
STREET ADDRESS	4704 EL PRADO		2.3 STP	EET ADDRESS					
CITY-ST-ZIP	TAMPA FL 33629		2 4 CIT	Y-ST-ZIP					
TITLE		DELETE	3.1 TITL				☐ Change	Addition	
NAME			3 2 NAA	AE					
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			I.	Y-ST-ZIP					
TITLE		☐ DELETE	4.1 TITL				Change	☐ Addition	
NAME			4. 2 NA	٠ .					
				EET ADDRESS				ļ	
STREET ADDRESS				r-ST-ZIP					
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CIT				Change	Addition	
		_ 022212	5.1 111L	1				_	
NAME				EET ADDRESS					
STREET ADDRESS				/-ST-ZIP					
CITY-ST-ZIP		DELETE	6.1 TITL			 -	☐ Change	Addition	
TITLE		□ OEFEIE	6.2 NAA				s.ra.igo		
NAME			E C.Z NAW	TC.					

14. I herely certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0°(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 the my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. 93-

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP