Jun 02, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000092687

1. Corporation Name

	INC.							
Principal Place of Business	Mailing Address				f JANITANA 110 (Sitt 1001) ANITA	BAIRT BALLI GALLE S	8418 14818 8 11	91 19111 1981 1891
C/O R. H. KESSEL 702 N. FRANKLIN STREET 72 N. FRANKLIN STREET 74MPA FL 33602-4418 US 75MPA FL 33602-0111 US					DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed			
				}	10/28/1997			}
2. Principal Place of Business 21 C/O D. E. Schwartz	2a. Mailing Address 26 C/O D. E. Sch	wartz		4	FEI Number 59-3476730		J	Applied For Not Applicable
Suite, Apt. #, etc. 22 702 N. Franklin St.	Suite, Apt. #, etc. 27 P.O. Box 111			5	. Certifcate of Status Desired		•	Additional Required
City & State	City & State	·		6	, Election Campaign Financing	, 🗅	\$5.00	🕽 Мау Ве
Tampa, FL	Tampa, FL				Trust Fund Contribution			i to Fees
Zip Country 33602-4418 25 U.S.	29 30	Country	.s.	'	Personal Property Tax.		X Yes	□No
9. Name and Address of	Current Registered Agent	941		10	Name and Address of New	Registered /	Agent	_
MCDEVITT, S.M.		81	Name					
702 NORTH FRANKLIN ST.		82	Street A	Address (P.O. Box Number is Not Accep	table)		
TAMPA FL 33602		83		_		<u></u>		
TAMENTE GOODE		83						
		84	City			FL	85 Zip	Code
agent. I am familiar with, and accept the	607.0502 and 607.1508, Florida Statutes, e State of Florida. Such change was auth e obligations of, Section 607.0505, Florida	iorized by I	the corpo	corporation's b	on submits this statement for the locard of directors. I hereby acc	e purpose of ept the appoir	changing i ntment as	ts registered registered
								1
SIGNATURE	stered agent and title if applicable. (NOTE: Reg	gistered Agen	t signature re	equired wher	reinstating)	DATE		<u> </u>
Signature, typed or printed name of regis	stered agent and title if applicable. (NOTE: Rec ERS AND DIRECTORS	gistered Agent	t signature re	equired wher	reinstating) ADDITIONS/CHANGES TO C			
Signature, typed or printed name of regis 12. OFFICE TITLE PD			t signature re	equired wher			D DIRECT	
12. OFFICE TITLE PD NAME KOSTORYZ, J.A.	ERS AND DIRECTORS	13.	t signature re	equired when				
Signature, typed or printed name of regis 12. OFFICE TITLE PD	ERS AND DIRECTORS	13. 1.1 TITLE		aquired wher				
12. OFFICE TITLE PD KOSTORYZ, J.A. STREET ADDRESS CITY-ST-ZIP TAMPA FL 33602	ERS AND DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDRESS				☐ Change	e Addition
12. OFFICE TITLE PD NAME KOSTORYZ, J.A. STREET ADDRESS TAMPA EL 23000	ERS AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS	^D	ADDITIONS/CHANGES TO C			e Addition
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6.4 CITY-ST-ZIP 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)(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 of 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

E. Schwartz, Secretary

(813) 228-1808