PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 03, 1999 8:00 am Secretary of State 03-03-1999 90079 042 ***150.00

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Principal Place	e of Business	Mailing Address					•		
1211 W. FLETC		1211 W: FLETGIE	n avenue						
TAMPA FL 8361	12	TAMPA FL-23612				DO NOT WRITE	IN THIS SPACE		
Ì					3. Date	Incorporated or Qualifed			
)					11/	12/1997			
2. Principal P	face of Business	2a. Malling Addre	58	\	1	Number 50 3/	Apr	lied For	
21/2965	7 NW Pine Are	26 P. O. BC		305	AP!	PC-PC 407-0314	_ 	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #.	etc.		5. Ceri	ifcate of Status Desired	□ \$8.75 A Fee Rec		
City & State	e	City & State			6. Elec	tion Campaign Financing	\$5.00	May Be	
23 NOCA		28 0000) FL	ر د		t Fund Contribution	Added to	Fees	
Zip	Country	79/11/7	· -	Country	8. This	corporation owes the curren			
211344	71 25 USA	29 044 1	30	USA_		onal Property Tax.		□No ,	ł
	9. Name and Address of Current	Registered Agent			10. Nan	ne and Address of New Re	gistered Agent		
****	OII AMOUTO	•		81 Name	Lisa	C. Magelon			
	PILAWYER			82 Street Ad	dress (P.O. E	lox Number is Not Acceptable	e)	_	l
	almeria avenue- Val. gables fl 391 34			1319	<i>57</i> r	MA BING H	<u>. </u>		
COR	INC. CINDLES P.C. 33104			83					
				84 City	0 - 10		FL 85 Zip C	ebo	ł
		4500 50 10			COUL	with this statement for the Du		registered	1
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar (with, and accept the obligation).	z and 607.1508, Florid of Florida. Such chang	e was auth	onzed by the corpora	ition's board	of directors. I hereby accept t	he appointment as reg	istered	
agent. I a	m familiar (ATP), and accept the obligat	ions of, Section 607.0	505, Florida	s Statutes.			_		l
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SIGNATURE	~~~ !!	t and ide if Collective.	`—	gistered Agent algorature requ	ined when reinstat	21 301	DATE CERS AND DIRECTOR	RS IN 12	(86/
Į.	Signature, typed or printed name of registered agent	t and ide if Collective.	(NOTE: Re	gistored Agent signature requi	ined when reinstat	2/30/	DATE		(11/98)
SIGNATURE	Signature, typed or printed name of registered agent	a and side if Ophicable. D DIRECTORS	(NOTE: Re	gistered Agent signature requi	ined when reinstat	SI 201 TIONS/CHANGES TO OFFIN	DATE CERS AND DIRECTOR Change	RS IN 12	134 (11/98)
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS ANI PS HAGELOH, LISA C.	a and tide if Ophicable. D DIRECTORS	(NOTE: Re	gistored Agent signature requi	ined when reinstat	2/30/	DATE CERS AND DIRECTOR Change	RS IN 12	2E034 (11/98)
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

LISA L. Hagelon, President

219199