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

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90034 027 ***150.00

1. Corporation		700010	0345				:					
Principal P acc	e of Business		Mailing Address	_				i immilimat ira imiri immiri maiiri	1 8 141 83 134 114	11 98111 98148		B41 8111 1841
4915 TOWN & COUNTRY BLVD. 4915 TOWN & COUNTRY			ai VD									
			AMPA FL 33615	OLVD.								
	•							DO NOT WE		IS SPACE		
								3. Date Incorporated or Qualife	d d			į
								1.1/24/1997			 .	
2. Principal P	lace of Business	2a	Mailing Address	_				4. FEI Number			App	lied For
21		26						<u>59-3492558</u>			т	Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired				ditional
22		27						5. Certificate of citation product		Fe	e Req	uired
City & Stat	e		City & State	_				6. Election Campaign Financing	' 🗇	\$ 5.	1 00 .	/lay Be
23		28						Trust Fund Contribution		Adv	ded to	Fees
Zip	Cour try	,	Zip	Cou	ntry			8. This corporation owes the cu	rrent year			_
24	25	29		30			_	Persor al Property Tax.		☐ Yes		⊒No
	9. Name and Addre	ss of Current Regi	stered Agent					10. Name and Address of New	Registere	d Agent		
				_	81	Name						İ
	, MICHAEL				92	Ctroot A	dros	ss (P.O. Bo) Number is Not Accep	table)			
4915 TOWN & COUNTRY BLVD.						82 Street Ad		ss (F.O. 80) Number is Not Accep	uable)			ļ
TAM	PA FL 33615				83							
					84	City			F	85	Zip C	ode
SIGNATUFE	m familiar with, and acce		e if applicable. (NOT				ired v	when reinstating) ADDITIONS/CHANGES TO C	DATE FEICERS	AND DIRE	CTO!	
12.		FFICERS AND DIR	□ DELETE	1,1 T//	10	$\overline{}$		ABBITICATOR TO CO	7,102.10	Cha		Addition
TITLE	D D											
NAME	REIL, MICHAEL	NTDV DIVID		1.2 NA								
STREET ADDRESS	1 *	INTHY BLVD.				ADDRESS						
CITY-ST-ZIP	TAMPA FL 33615			1.4 CI		r-ZIP						Addition
TITLE			☐ DELETE	2,1 TIT						☐ Cha	inge	Addison
NAME				2 2 NA	ME	+					· —	
STREET ADDRESS				2.3 ST	REET	ADDRESS						
CITY-ST-ZIP				2. 4 Cl	TY-S	T-ZIP						
TITLE			☐ DELETE	3.1 TIT	ΊE	1				Cha	ınge	Addition
NAME .				3.2 NA	ME							
STREET ADDRESS				3.3 ST	REET	ADDRESS						
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NAME				4. 2 N/	AME							ļ
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TITLE	 		☐ DELETE	5.1 TIT		-				Cha	inge	Addition
NAME				5.2 NA	ME							
						ADDRESS						
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CITY-ST-ZIP	 -		☐ DELETE	6.1 TIT		-				Cha	inge	Addition
TITLE			_ DELETE	6.2 NA		}						_
NAME						ADDRESS						
STREET ADDRE 3S												
CITY-ST-ZIP	1			6.4 CF	1Y-51	I-ZIP						

14. I hereby certify that the information supplied with this filling 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 recuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 inchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael

813-2495050