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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90263 010 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000101076

1. Corporation Name
TAMPA POST EFFECTS, INC.



Principal Place of Business
 4919 S WESTSHORE BLVD
 TAMPA FL 33611

Mailing Address
 4919 S WESTSHORE BLVD
 TAMPA FL 33611

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **4429 W. Bay Villa Ave**

2a. Mailing Address
 26 **4429 W. Bay Villa Ave**

3. Date Incorporated or Qualified
12/01/1997

4. FEI Number
59-3479707

22 Suite, Apt. #, etc.
 23 **TAMPA, FL**

27 Suite, Apt. #, etc.
 28 **TAMPA FL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip **33611** 25 Country **USA**

29 Zip **33611** 30 Country **USA**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KALITHA, BARBARA
4429 W BAY VILLA AVE
TAMPA FL 33611

81 Name **KALITA, Barbara**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Barbara Kalita* **Barbara C. Kalita**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** DELETE
 NAME **KALITA, MARK F**
 STREET ADDRESS **4919 S WESTSHORE BLVD**
 CITY-ST-ZIP **TAMPA FL 33611**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS **4429 W. Bay Villa Ave**
 1.4 CITY-ST-ZIP **Tampa FL 33611**

TITLE **STD** DELETE
 NAME **KALITHA, BARBARA C**
 STREET ADDRESS **4919 S WESTSHORE BLVD**
 CITY-ST-ZIP **TAMPA FL 33611**

2.1 TITLE Change Addition
 2.2 NAME **KALITA, Barbara C**
 2.3 STREET ADDRESS **4429 W. Bay Villa Ave**
 2.4 CITY-ST-ZIP **Tampa FL 33611**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 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 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: *Mark Kalita, President* **Mark Kalita, Pres** 5/11/99 813 839 4790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)