Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

₩ Yes

□No

Not Applicable

### 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** 

## DOCUMENT # P97000102546

1. Corporation Name

Suite, Apt. #, etc.

City & State

22

23

24

Zip

Principal Place of Business	Mailing Address	
9376 OAKHURST ROAD SEMINOLE FL 33776	9376 OAKHURST ROAD SEMINOLE FL 33776	

27

Suite, Apt. #, etc.

City & State

25 29 9. Name and Address of Current Registered Agent

# May 04, 1999 8:00 am Secretary of State

05-04-1999 90010 029 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

12/01/1997 4. FEI Number

59-3496808

2123 NE. COACHMAN ROAD STE. A CLEARWATER FI. 33765  83  84 City  FL  85 Zip Code  11. Pursuant to the provisions of Sactions 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed ar prinded remore of registered agent and their inequitations.  (NOTE: Respisated Agent signature required when resolutance)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D OLICACZ, DAVID A  12. OFFICERS AND DIRECTORS  TITLE  D OLICAGE  13. SIGNATURE  SIRRET ADDRESS  GOTY-ST-ZP  14. CITY-ST-ZP  14. CITY-ST-ZP  TITLE  22. NAME  23. STREET ADDRESS  GOTY-ST-ZP  TITLE  D OLICETE  21. TITLE  22. NAME  23. STREET ADDRESS  GOTY-ST-ZP  TITLE  D OLICETE  34. TITLE  34. CITY-ST-ZP  TITLE  D Change  Addition  ANAME  ACTY-ST-ZP  TITLE  D OLICETE  41. TITLE  C Change  Addition  ANAME  ACTY-ST-ZP  TITLE  D OLICETE  41. TITLE  C Change  Addition  ANAME  ACTY-ST-ZP  TITLE  STREET ADDRESS  GOTY-ST-ZP  TITLE  STREET ADDRESS  GOTY-ST-ZP  TITLE  C Change  Addition  ACTY-ST-ZP  ACTY-ST-ZP  TITLE  C Change  Addition  ACTY-ST-ZP  ACTY-ST-ZP  TITLE  ACTY-ST-ZP  ACTY-ST-ZP  TITLE  ACTY-ST-ZP  ACTY-ST-	LITTLE, THOMAS C 2123 N.E. COACHMAN ROAD STE. A											
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Signature, typed or printed name of registroid agenet and title if applicables.   (NOTE Repostroid Agenet signature required when increasing)   DATE	agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
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Country

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SIGNATURE: