PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

والمنظمين Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90063 011 \*\*\*150.00

**FILED** 

| 7, Corporatio                          | MENT # P97000<br>IN NAME<br>KENTUCKY, INC.   | 103889                        |                    |   |  |   |                |                     |                 |
|--|--|-------------------------------|--------------------|---|--|---|----------------|---------------------|-----------------|
| Principal Plac                         | Mailing Address  |                               |                    |   | T I BERKIEN HIE KENN HEUK BERKL ERKUN OCKER KIEUL BEKER KUNT ERUDI NEHER HITK INTI |   |                |                     |                 |
| 402 S. KENTUCKY 220 MADISON ST         |  |                               |                    |   |  |   |                |                     |                 |
| LAKELAND FL 33802 1200                 |  |                               |                    |   |  |   |                |                     |                 |
|  |  | TAMPA FL 33602                |                    |   |  | DO NOT WRITE IN THI   | SPACE          |                     | _               |
|  |  | US                            |                    |   |  | 3, Data Incorporated or Qualified   |                |                     | 1               |
| a Principal P                          | lace of Business   | 2a. Malling Address           |                    |   |  | 12/10/1997<br>4. FEI Number   | 1 1 1          | oplied For          | -{              |
| 2. Principal F                         | Idoa oi Business   | 26                            |                    |   |  | 59-3485198  | _ <del>-</del> | of Applicable       | Ⅎ               |
| Suite, Apt.                            | #, etc.  | Suite, Apt. #, etc.           |                    |   |  |   |                | Additional          | 1               |
| 22                                     | •  | 27                            |                    |   |  | 5. Certificate of Status Desired  |                | tequired            |                 |
| City & Slat                            | e ·  | City & State                  |                    | Ţ                                       |  | 6. Election Campaign Financing  | \$5.00         | May Be              | J==-            |
| 23                                     |  | 28                            |                    |   |  | Trust Fund Contribution   | ,              | to Fees             |                 |
| Zip                                    | Country  | Zip                           | Cou                | intry                                   | _  | 8. This corporation owes the current year In  |                | _                   | 1               |
| 24                                     | 25   | <del></del>                   | 30                 |   |  | - , Personal Property-Tax.  | _ □ Yes —      | -□No                | إد              |
|  | g. Name and Address of Curren  | t Registered Agent            |                    | 941 11-                                 |  | 10. Name and Address of New Registered  | Agent          |                     | 4               |
| .I. S                                  | COTT TAYLOR, P.A.  | •                             |                    | 81 Nam                                  | $\mathcal{I}$  | YASKE, STEDHEN  | B.             | $\mathcal{I}\Gamma$ | 1               |
|  | 2909 W BAY TO BAY BLVD SUITE 403   |                               |                    | B2 Street                               | t Addra  | iss (P.O. Box Number is Not Acceptable)   | C+             | 3740                | 7               |
| TAMPA FL 33629-8177                    |  |                               |                    | 101 8                                   |  | · KENNEDY Blvd,   | STE            | 3700                | 4               |
| ,,                                     |  |                               | ļ                  | 83                                      |  |   |                |                     | }               |
|  |  |                               |                    | 84 City                                 | TA.  |   | 85 Zip         | 360A                | 7               |
| D                                      | to the second se | Land CAT SERR Clasida Chairda | - th- al           |   | A  | mp - FI   | Shonoina iti   | <u> 26095</u>       | -               |
| office or r<br>agent. I a<br>SIGNATURE | /  |                               |                    |   |  | retion submits this statement for the purpose of n's board of directors. I hereby accept the appo | ptment as re   | egistered           |                 |
| 12.                                    | Signature explication or pringle or pringle of the property of |                               | <del>-</del>       | registered Agent signature required 13. |  | ADDITIONS/CHANGES TO OFFICERS A   | IN DIRECTO     | 3RS IN 12           | { 8             |
| IIILE                                  | PO DELETE  |                               | 13 TITLE           |   | $\top$   | ADDITIONS/CHANGES TO OFFICERS A   | Change         | Addition            | CR2E034 (11/98) |
| NAME                                   | HUGHES, GREGORY L  |                               | 1.2 NAME           |   |  | •   | _              |                     | Z               |
| STREET ADORESS                         | 220 E MADISON #1200  |                               | 13.57              | REET ADORESS                            |  |   |                |                     | 8               |
| CITY-ST-ZIP                            | TAMPA FL 33602   |                               | 1.4 CITY-ST-ZIP    |   |  |   |                |                     | 1.8             |
| TITLE                                  |  | [] DELETE                     |                    | 2,1 TITLE                               |  |   | Change         | Addition            | 7 ᄚ             |
| NAME                                   |  |                               | 22 NAME            |   | ]  |   |                |                     | Ì               |
| STREET ADDRESS                         |  |                               | 2.3 ST             | REET ADORES                             | 5  |   |                |                     | ì               |
| CITY-ST-ZIP                            |  |                               | 2.4 CI             | TY-ST-ZIP                               | ì  |   |                |                     | ]               |
| TITLE                                  | □ O€LETE   |                               | 3.1 TILE           |   |  | <del></del>   | ☐ Change       | Addition            |                 |
| NAME                                   |  |                               | 3.2 NA             | ME                                      | 1  |   |                |                     | 1               |
| STREET ADDRESS                         |  |                               | 3.3 ST             | REET ADDRESS                            | \$   |   |                |                     |                 |
| CITY-5T-ZIP                            |  | · <del></del>                 | 3,4, CF            | TY-ST-ZDP                               | 1  |   |                |                     | 1               |
| TITLE                                  |  | DELETE                        | <u>4.1,111</u>     |   | <u>. يوني</u> د  | · · · · · · · · · · · · · · · · · · ·   | Change         | Addition            | <u> </u>        |
| NAME                                   |  |                               | 4.2NA              | WE _                                    | 1  |   |                |                     | \               |
| STREET ADDRESS                         |  |                               |                    | REET ADDRESS                            | 3  |   |                |                     | )               |
| CITY-ST-ZIP                            |  | /7 Art are                    | _                  | Y-ST-ZIP                                | ₩-   |   | ·[7](*****     | Addition            | }               |
| TITLE                                  |  | ☐ DELETE                      | 5.1 TITI<br>5.2 NA |   | 1  |   | . Change       |                     |                 |
| NAME                                   |  |                               |                    | MIC<br>REET ADDRESS                     |  |   |                |                     | 1               |
| STREET ADORESS                         |  |                               |                    |   | <b>'</b> [   |   |                |                     |                 |
| CITY-ST-ZIP                            |  | DELETE                        | 5.4 CH             | Y-ST-ZIP                                | +-   |   | Change         | Addition            | ŧ               |
| TITLE                                  |  | ⊢1 here≀e                     | 6.2 NAJ            |   |  | ,   | _ ∾ങൾം         |                     | l               |
| HAME                                   |  |                               | 1                  | ME<br>REET ADORESS                      |  | •   |                |                     | Į               |
| STREET ADDRESS                         |  |                               | 0.3511             | ACE I WITHOUT DO                        | 1  | •   |                |                     | 1               |

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 AND TYPED OR PRINTED NAME OF SIGNAMS OFFICER OR ORRECTOR