## 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 # P98000004041

## Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90012 017 \*\*\*150.00

1. Corporation	TERS 4 U, INC.						
COIVII O	LITO 7 O, 111O					ill <b>88</b> 114 <b>818</b> 11 <b>88</b> 114 f	#1841    <b>9</b> 1    <b>11</b> 1
	<i>3</i>						
Principal Place of Business Mailing Address					F		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
7115 27TH AVE POST OFFICE BOX 10305  BRADENTON FL 34209 - BRANDON FL 34282					DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualifed		
					01/14/1998		
	ace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21 805	1 N. TAMIAMI IR.	26 SAME			65-0812848	<del></del>	t Applicable
Suite, Apt. #, etc. 22 Ste 55 Boy 68 27					5. Certifcate of Status Desired	\$8.75 A	
City & State		City & State			6. Election Campaign Financing	\$5.00	*
<u> </u>	PASOTA FX.	28	0		Trust Fund Contribution	Added to	o Fees
コ <sup>Zip</sup> コルク	Country	Zip	Country 30	f	<ol> <li>This corporation owes the current year Personal Property Tax.</li> </ol>		<b>₽</b> ₩6
24 342	9. Name and Address of Curren		30		10. Name and Address of New Register		
34247			81	Name			
347 4 AMERILAWYER CK # 108 1 343 ALMERIA AVENUE CORAL GABLES FL 33134 2/23/99.			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
			83				
••••							
				64 City FL 85 Zip Code			
office or reagent. I a	m families with, and accept the ooligat	clions for, Section 607.0505, Flor	nda Statutes	j.	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as reg	gistered
<del>-</del>	Signature, typed or printed name of registered agen			nt signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DC IN 12
12.	PSD OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE NAME	MCLAUGHLIN, WILLIAM H		1.2 NAME				
STREET ADDRESS	7445 07711 8185		1.3 STREET ADDRESS				
CITY-ST-ZIP	BRADENTON FL 34209		1.4 CITY-ST-ZIP				
TITLE			2.1 TITLE			Change	Addition
NAME	HEADRICK, GARY		2.2 NAME				
STREET ADDRESS	7115 27TH AVE		2.3 STREE	T ADDRESS			ł
CITY-ST-ZIP	BRADENTON FL 34209		2. 4 CITY-	ST-ZIP			
TITLE		DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADORESS			
CITY-ST-ZIP			34, CITY-	ST-ZIP	····	Change	Addition
TITLE		☐ DELETÉ	4.1 TITLE				
NAME			4. 2 NAME		,		
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-5	51+4IF		☐ Change	Addition
NAME			5.2 NAME		•		_
STREET ADDRESS.				T ADDRESS			
CITY-ST-ZIP			5.4 CITY-5				
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME	}			
STREET ADDRESS			6.3 STREE	TADORESS			
CITY-ST-ZIP			6.4 CITY-5	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 truplee 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: