## A .. 😜 FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** 



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## May 13, 1999 8:00 am Secretary of State

05-13-1999 90006 041 \*\*\*150.00

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| CORPORATION   |  |
|---------------|--|
| ANNUAL REPORT |  |
| 1999          |  |

| BARRIBA                   | MENT # P930000 VESTMENT CORPORATION ESTATE SOLUTION  | ,                               | BAY, INC                                |   |                                    |                        |
|---------------------------|--|---------------------------------|---|---|------------------------------------|------------------------|
| Principal Plac            | e of Business  | Mailing Address                 |   |   |                                    |                        |
| 9800 KOGER B              | OULEVARO   | 9800 KOGER BOULEVARDS           |   |   | j                                  |                        |
| SUITE 200<br>St Petersbur | DC EL 20302  | SUITE 200                       |   | DO NOT WRITE IN TH  | HIS SPACE                          |                        |
| US                        | 40 FL 33/02  | ST PETERSBURG FL 33702<br>US    |   | 3. Date Incorporated or Qualifed /  |                                    |                        |
|                           | ,  |                                 |   | 11/01/1993 2/5/98   | •                                  | 1                      |
| 2. Principal P            | Place of Business  | 2a. Mailing Address             |   | 4. FEI Number   | Ap                                 | piled For              |
| 21 801                    | 834 AVENUEN.   | 26 801 83-HV                    | ENUE N.                                 | 59-3200778 3505323  | No                                 | t Applicable           |
| Suite, Apt. 22 // 9       | #, etc.  | Suite, Apt. #, etc.             |   | 5. Certifcate of Status Desired   | \$8.75 A                           | J                      |
| City & Stat               | FIERSBURG, FL  | Cipy& State                     | BURG FL                                 | 6. Election Campaign Financing Trust Fund Contribution  | \$5.00<br>Added to                 |                        |
| Zip 337                   | Comptry<br>102 25 YNELLAS  | Zip 33702 30                    | COMPLY<br>TINELLA                       | 8. This corporation owes the current year   | Intengible                         | □No                    |
| 100                       | 9. Name and Address of Current   | <u> </u>                        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 10. Name and Address of New Register  |                                    |                        |
|                           | - Harris and Addition of Sality  | Hogistated Agent                | 81 Name                                 | 10. Halite and Practices of the Linguist  |                                    |                        |
| BUT                       | LER, RICHARD C   |                                 |   |   |                                    |                        |
| 801                       | 83RD AVENUE NORTH  |                                 | 82 Street Add                           | dress (P.O. Box Number is Not Acceptable)   |                                    |                        |
| SUIT                      | E 119  |                                 | 83                                      |   |                                    |                        |
| ST P                      | ETERSBURG FL 33702   | *                               |   | . –   | _                                  |                        |
|                           |  |                                 | 84 City                                 |   | 41 · · · · · · · ·                 |                        |
| office or r               | to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligation | Florida, Such change was author | orized by the corporat                  | rporation submits this statement for the purpose<br>tion's board of directors. I hereby accept the ap | of changing its<br>pointment as re | registered<br>gistered |
| SIGNATURE                 |  |                                 |   |   |                                    |                        |
|                           | Signature, typed or printed name of registered agent   |                                 | uper erutangs megA beratag              |   |                                    | 70 (1) 10              |
| 12.                       | OFFICERS AND   |                                 | 13.                                     | ADDITIONS/CHANGES TO OFFICERS   |                                    |                        |
| TITLE                     | 0 -  | ☐ DELETE                        | 1.1 TITLE                               |   | Change                             | ☐ Addition             |
| NAME                      | BUTLER, RICHARD C  |                                 | 12 NAME                                 |   |                                    |                        |
| STREET ADDRESS            | 801 83RD AVENUE N., #119   |                                 | 13 STREET ADDRESS                       |   |                                    |                        |
| CITY-ST-ZIP               | ST. PETERSBURG FL  |                                 | 1.4 CITY-ST-ZIP                         |   | ·                                  |                        |
| TITLE                     |  | ☐ DELETE                        | 2.1 TITLE                               | TIME A ESTED  | Change                             | Addition               |
| NAME                      |  | $\sim$ $\sim$                   | 22 NAME )                               | TIME M  |                                    |                        |
| STREET ADDRESS            | 1  | KONFIVE                         | 2.3 STREET ADDRESS                      | , , , , , , , , , , , , , , , , , , ,   |                                    | Ì                      |
| CITY-ST-ZIP               | 1 - DID NOI  | 1/ECZ.                          | 2.4 City-St-ZiP                         | - < T F/D   |                                    |                        |
| TITLE                     | L AIN  | ☐ DELETE                        | Day OL                                  | ヒン・ーーー  | Change                             | ☐ Addition             |
| NAME                      |  | am To                           | De Contraction                          |   |                                    | j                      |
| STREET ADDRESS            | 1 Quall to   | K/'' 1                          | 33 STREET ADORESS                       |   |                                    |                        |
| CITY-ST-ZIP               | VOLAIV -   |                                 | 34 CITY-ST-ZIP                          |   |                                    | į                      |
| TITLE                     | I DID NOT<br>BLANK FO<br>FROM Y  | A // DELETE                     | 4.1 TITLE                               |   | Change                             | Addition               |
| NAME                      | Dram 4   | UK, Julie                       | 4 2 1445                                |   |                                    |                        |
| NAME<br>STREET ADDRESS    | MKD  |                                 | 4. 2 NAME                               |   |                                    |                        |
|                           | • •  |                                 |   |   |                                    |                        |
| CITY-ST-ZIP               |  | [7] B.F. FTF                    | 4.4 CITY-ST-ZIP                         |   | Change                             | Addition               |
| TITLE                     | {  | ☐ DELETE                        | 5.1 TITLE                               |   | □ cuanda                           |                        |
| NAME                      |  |                                 | 5.2 NAME                                |   |                                    | }                      |
| STREET ADDRESS            | İ  |                                 | 5.3 STREET ADDRESS                      |   |                                    |                        |

8.4 CITY-ST-ZIP 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 chapted, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Addition

☐ Change