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

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90002 005 ***150.00

DOCUMENT #	P980000151	53
1 Cornoration Name		

	Corporatio	AT MAILIC	ESTMENT CORF								
Pr	incipal Plac	ce of Business		Ma	ailing Address						
2451 MCMULLEN BOOTH ROAD. #200 CLEARWATER FL 33759 2451 MCMULLEN BOOTH ROAD. #200 CLEARWATER FL 33759)AD. #20	10		DO NOT WRITE IN THIS SPACE					
									3. Date incorporated or Qualifed 02/13/1998		
	2. Principal Place of Business			2a. Mailing Address					4. FEI Number Applied For		
21								59 - 3 57 0 65 8 Not Applicable			
22		, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired			
L.	City & Sta	te			City & State				6. Election Campaign Financing S5.00 May Be		
23				28					Trust Fund Contribution Added to Fees		
<u></u>	Zip		Country		Zip	Count	try		8. This corporation owes the current year Intangible		
24		25		29		:o			Personal Property Tax. ☐ Yes ☐ No		
┝		9, Name an	d Address of Curren	t Regist	ered Agent		31.	N1	10. Name and Address of New Registered Agent		
	STO	NE. BRADFOR	D L			ľ	"	Name			
			BOOTH ROAD, #20	00		1	32	Street	t Address (P.O. Box Number is Not Acceptable)		
		ARWATER FL				Ļ	83				
				٢	33						
·							34	City	FL 85 Zip Code		
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Stat 							ove by t	named he corpo	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered		
SIC	SNATURE								·		
40		Signature, typed or pr	inted name of registered agen				gent	signature r	required when reinstating) DATE		
12.		D	OFFICERS ANI	DUREC	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAM	i	•	חביוסה ו		רו הפרכוב	1.1 TITLE			Change Addition		
	OVER MONULEN POOT LEON				1.2 NAME						
	CLEADWATED EL 20750				1.3 STRE						
imu		D	11 1 20103	-	DELETE	1.4 CITY- 2.1 TITLE		ZIP	Change Addition		
NAM		MACHIOLI DONNIA		2.1 MLE		ļ	Change Addition				
STRE	EET ADDRESS	CAFA MONIULEN POOTU POAD HOSS		2.3 STRE	_	IUUDESS					
	CLEADWATER CL 00750				2.4 City		- 1				
TITL	<u> </u>					3.1 TITLE	_		Change MAddition		
NAM	E					3.2 NAME			George VASILION		
STRE	.		3.3 STRE		DORESS	Seorge VASILION BOOK Ste 200					
CITY-	ST-ZIP	<u>. </u>	_		,	3.4. CITY-			Clearnater, Fl 33159		
TITLE	·		·		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition		
NAME	.		•			4. 2 NAM	Ε]			
STRE	ET ADDRESS					4.3 STRE	ETA	DDRESS			
CITY	et zin								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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

☐ DELETE

☐ Change

☐ Change

Addition

Addition