**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT CASTATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000025185

## FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90074 015 \*\*\*150.00

	DUSTRIES GROUP, INC.  Se of Business FEMUE N.E.,	Mailing Address  1948 IOWA AVENUE N.E. ST. PETERSBURG FL 33703	 -		DO NOT WRITE IN T  3. Date Incorporated or Qualifed  03/15/1998		
2. Principal F	Place of Business	- 2a. Mailing Address			4. FEI Number	<del></del>	oplied For
1		26			59-3499821		ot Applicable Additional
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		equired
City & Stat	te	City & State			6. Election Campaign Financing		May Be
3		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Count	try	8. This corporation owes the current year		⊌. No
4	25		30		Personal Property Tax.  10. Name and Address of New Registe	☐ Yes	
	9. Name and Address of Current	t Registered Agent	<del> </del> ,	31 Name	In the state and ventues of team wediste	18000	
COHEN, DAVID R 1948 IOWA AVENUE N.E. ST. PETERSBURG FL 33703				32 Street Addr	ress (P.O. Box Number is Not Acceptable)		
11. Pursuant office or i	to the provisions of Sections 607.0503 registered agent, or both, in the State	2 and 607.1508, Florida Statute of Florida. Such change was au		City  ove-named corpoy the corporations	poration submits this statement for the purpos on's board of directors. I hereby accept the a	FL 85 Zip e of changing its ppointment as re	
11. Pursuant office or i agent. I s	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	es, the about horized bida Statut	1 *	coration submits this statement for the purposion's board of directors. I hereby accept the and when reinstating)	FL   is of changing its ppointment as re	s registered egistered
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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 supplements angual report is tide 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 proporation of the proporation or the p CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS