PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

1. Corporatio	MENT # P98000 INDESTRUCTION	026329			# 144 AND AND AND AND AND	
0-1		Mailing Address			TE THE CONTRACTOR OF STATE BOOKEN BOTTON	
Principal Place of Business Mailing Address 3601 N. NEBRASKA AVENUE 3601 N. NEBRASKA AVENUE				.		
TAMPA FL 336		TAMPA FL 33603-5094		•		
}				DO NOT WRITE IN TH	IS SPACE	٦.
				3. Date incorporated or Qualifed		1
Į				03/19/1998		4
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For Not Applicable	-
21		26		59-3507634	\$8.75 Additional	Ⅎ
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required	į
22 Chu 9 Cha		City & State		- Flader Composer Stronger	\$5.00 May Be	
City & Stat	Le .	28 City & State		6. Election Campaign Financing Trust Fund Contribution	Added to Fees	1
23 Zip	Country	Zin	Country	8. This corporation owes the current year		
24	25	29 3	_ `	Personal Property Tax.	∐`Yes ∑ ¶o	_
	g. Name and Address of Current			10. Name and Address of New Registers	d Agent	7
			81 Name	wthong J. Borre	ell To	
GARDNER, J S				iress (P.O. Box Number is Not Acceptable)	<u> </u>	┪
3601 N. NEBRASKA AVENUE				511 N. Nebraskie A	<u></u>	4
TAMPA FL 33603-5094			83			1
•		•	84 City	_	85 Zip Code	1
}				A 0.4 省群湖南部	ヒーリススペスペー	4
11. Pursuant to the provisions of Sections 607.0502 and 607.0508 Florida Statutes, the office or registered apply, or both, in the State of Porida Such change was authorit agent. I am tamiliar term, and acceptate obligations of Section 807.0505, Florida S			, the above-named con	poration submits this statement for the purpose.	of changing, its registered, ointment as registered it.	
agent.) a	m lamiliar vm, and accept the obligation	ons of Section 507:0505, Florid	la Statutes.		1 1 -	1
SIGNATURE	MINION ST	Zand IV Hadi	Plane V.	WORKEIL JA 31	24/97	1_
<u> </u>	Signature Typed or person from the product comme		egistered Agiffit signature requir	ADDITIONS/CHANGES TO OFFICERS	AND DIDECTORS IN 12	48
12.	OFFICERS ANI	D DIREMIORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition	CR2E034 (11/98)
TITLE	PDAS	- · · · - · ·	1.2 NAME	•	- • -	Z Z
NAME	Anthon J. Bol		1.3 STREET ADDRESS			l ä
STREET ADDRESS	3511 N. Nebr		1.4 CITY-ST-ZIP			🛱
TITLE	TAMPA, 31	T DELETE	2.1 TITLE		☐ Change ☐ Addition	ᄀᄗ
NAME	A. Joseph Be	- -	2.2 NAME			
STREET ADDRESS		aska AJ.	2 3 STREET ADDRESS			1
	Tanan	221-A-3	2.4 City-ST-ZIP	•		Ì
CITY-ST-ZIP TI7LE	ST PHIE	DELETE	31 TITLE		Change Addition	7
NAME	CARIOS MENON)&}_	3.2 NAME			1
STREET ADDRESS	3511 N. Nebra	aska Au	3.3 STREET ADDRESS			1
CITY-ST-ZIP	l == -	33602	3.4. CITY-ST-ZIP			1
-TITLE		DELETE	4.1 TRE		☐ Change ☐ Addition	1
NAME	ļ.		4.2 NAME			1
STREET ADDRESS]		4.3 STREET ADDRESS	•		1
CITY-ST-ZIP			44 CITY-ST-ZIP			4
TILE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	1
NAME	1		5.2 NAME	•		1
STREET ADDRESS			5.3 STREET ADDRESS	•	•	
CITY-ST-ZIP			5.4 CITY-ST-ZIP			4
TIPLE		☐ DELETE	&1 TITLE		Change Addition	1
NAME		,	6.2 NAME	:		1
STREET ADDRESS	l	•	6.3 STREET ADDRESS			1

6.4 CITY-ST-ZIP 14. 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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early 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 accurate and that my name appears in the same legal effect as if made under early 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 accurate and that my name appears in

FILED

Feb 23, 1999 8:00 am Secretary of State

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