**PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENTOF, STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # DOGG

| 1. Corporation   | IVIEN 1 # P98001<br>TION OF CLEARWATER, I   |  | •  |  |                                       |  |
|--|---|--|--|--|---------------------------------------|--|
| Principal Plac   | e of Business   | Mailing Address  |  | 1 18811884 tob savdt 18411 88415 88411 48414 8841  | · · · · · · · · · · · · · · · · · · · | 919( 7857                                    |
|  | iissouri avenue   | 1553 SOUTH MISSOURI AV   | enue   |  |                                       |  |
| CLEARWATER I   | FL 33756  | CLEARWATER FL 33756  |  | DO NOT WRITE IN TH   | IS SPACE                              |  |
|  |   |  |  | 3. Date incorporated or Qualifed   | IO SI ACE                             |  |
|  | •   |  | -  | 03/23/1998   |                                       |  |
| 2 Princinal P  | Place of Business   | 2a. Mailing Address  |  | 4. FEI Number  | Арр                                   | lied For                                     |
| 21   | acc of Eddinoss   | 26   |  | 59-3526561   | Not                                   | Applicable                                   |
| Suite, Apt.  | #. etc.   | Suite, Apt. #, etc.  |  | 5. Certificate of Status Desired   | \$8.75 A                              |  |
| 22   |   | 27   |  | 5. Certificate of Status Desired   | Fee Rec                               | quired                                       |
| City & Stat  | te  | City & State   |  | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00 t<br>Added to                  |  |
| 23   | Country   | 28   | Country  | -6.* This corporation owes the current year i  |                                       |  |
| Zip  | Country   | · 🛏  | 30   | Personal Property Tax.   |                                       | □No i  |
| Z4   | 9. Name and Address of Curr   |  | <del></del>  | 10. Name and Address of New Registere  | <del></del>                           |  |
|  | P. ITELITY U. T. PRINCE U. G. O. C. WOLL  |  | 81 Name  |  |                                       |  |
| CALDERON, MARCO<br>1553 SOUTH MISSOURI AVENUE  |   |  | 00 00000   | Inne (B.O. Boy Mumber is Alas Accountable)   |                                       |  |
|  |   |  | 82 Street Add  | dress (P.O. Box Number is Not Acceptable)  |                                       |  |
| CLE  | ARWATER FL 33756  |  | 83   |  |                                       |  |
|  |   |  | 24 000   |  | 85 Zip C                              |  |
|  |   |  | 84 City  | F  |                                       |  |
| 11. Pursuant<br>office or I<br>agent. I a  | to the provisions of Sections 607.0 registered agent, or both, in the Statem familiar with, and accept the obli                       | 0502 and 607.1508, Florida Statut<br>to of Florida. Such change was a<br>ligations of, Section 607.0505, Flori | es, the above-named con<br>uthorized by the corporati<br>ida Statutes.   | poration submits this statement for the purpose<br>tion's board of directors. I hereby accept the app  | of changing its reg                   | egistered<br>istered                         |
| SIGNATURE  | Signature, typed or printed name of registered a  | agent and title if applicable. (NOTE:  | Registered Agent signature requir  | poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate (the purpose when reinstating)  DATE |                                       |  |
| SIGNATURE  | Signature, typed or printed name of registered a OFFICERS /   | agent and title if applicable. [NOTE:<br>AND DIRECTORS   | Registered Agent signature required.   | poration submits this statement for the purpose<br>ion's board of directors. I hereby accept the app   |                                       |  |
| SIGNATURE 12.  | Signature, typed or printed name of registared a OFFICERS A   | agent and title if applicable. (NOTE:  | Registered Agent signature required 13.  | poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate (the purpose when reinstating)  DATE | AND DIRECTOR                          | RS IN 12                                     |
| SIGNATURE  12.  TITLE  NAME  | Signature, typed or printed name of registered a OFFICERS A DP CALDERON, MARCO  | egent and title if applicable. (NOTE:  AND DIRECTORS  DELETE   | Registered Agent signature required 13. 1.1 TTLE 1.2 NAME  | poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate (the purpose when reinstating)  DATE | AND DIRECTOR                          | RS IN 12                                     |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  | Signature, typed of printed name of registered a OFFICERS A DP CALDERON, MARCO 1553 SOUTH MISSOURI AVE                                | egent and title if applicable. (NOTE:  AND DIRECTORS  DELETE   | Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS  | poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate (the purpose when reinstating)  DATE | AND DIRECTOR                          | RS IN 12                                     |
| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Signature, typed of priviled name of registered a OFFICERS A DP CALDERON, MARCO 1553 SOUTH MISSOURI AVE CLEARWATER FL 33756           | egent and title if applicable. (NOTE:  AND DIRECTORS  DELETE   | Registered Agent signature required 13. 1.1 TTLE 1.2 NAME  | poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate (the purpose when reinstating)  DATE | AND DIRECTOR                          | RS IN 12                                     |
| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | OFFICERS / DP CALDERON, MARCO 1553 SOUTH MISSOURI AVE CLEARWATER FL 33756   | egent and title if applicable. (NOTE:  AND DIRECTORS  DELETE  NUE  | Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  | poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate (the purpose when reinstating)  DATE | AND DIRECTOR  Change                  | RS IN 12                                     |
| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | OFFICERS / DP CALDERON, MARCO 1553 SOUTH MISSOURI AVE CLEARWATER FL 33756 DV MILLS, DONNY   | Sperit and Bite If applicable. (NOTE:  AND DIRECTORS  DELETE  ENUE   | Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE  | poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate (the purpose when reinstating)  DATE | AND DIRECTOR  Change                  | RS IN 12                                     |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS   | OFFICERS / DP CALDERON, MARCO 1553 SOUTH MISSOURI AVE CLEARWATER FL 33756 DV MILLS, DONNY   | Sperit and Bite If applicable. (NOTE:  AND DIRECTORS  DELETE  ENUE   | Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME   | poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate (the purpose when reinstating)  DATE | AND DIRECTOR Change                   | RS IN 12 Addition                            |
| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | OFFICERS / DP CALDERON, MARCO 1553 SOUTH MISSOURI AVE CLEARWATER FL 33756 DV MILLS, DONNY 1553 SOUTH MISSOURI AVE                     | Sperit and Bite If applicable. (NOTE:  AND DIRECTORS  DELETE  ENUE   | Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS  | poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate (the purpose when reinstating)  DATE | AND DIRECTOR  Change                  | RS IN 12                                     |
| SIGNATURE  12.  TITLE NAME  STREET ADDRESS CITY-ST-2P  TITLE NAME  STREET ADDRESS CITY-ST-2P.  | OFFICERS / DP CALDERON, MARCO 1553 SOUTH MISSOURI AVE CLEARWATER FL 33756 DV MILLS, DONNY 1553 SOUTH MISSOURI AVE                     | AND DIRECTORS  DELETE  ENUE  DELETE  DELETE  | Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP  | poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate (the purpose when reinstating)  DATE | AND DIRECTOR Change                   | RS IN 12 Addition                            |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP.  TITLE   | OFFICERS / DP CALDERON, MARCO 1553 SOUTH MISSOURI AVE CLEARWATER FL 33756 DV MILLS, DONNY 1553 SOUTH MISSOURI AVE CLEARWATER FL 33756 | AND DIRECTORS  DELETE  ENUE  DELETE  DELETE  | Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE  | poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate (the purpose when reinstating)  DATE | AND DIRECTOR Change                   | RS IN 12 Addition                            |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP.  TITLE  NAME  NAME   | OFFICERS / DP CALDERON, MARCO 1553 SOUTH MISSOURI AVE CLEARWATER FL 33756 DV MILLS, DONNY 1553 SOUTH MISSOURI AVE CLEARWATER FL 33756 | AND DIRECTORS  DELETE  ENUE  DELETE  DELETE  | Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP  | poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate (the purpose when reinstating)  DATE | AND DIRECTOR  Change  Change          | RS IN 12 Addition Addition                   |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP.  | OFFICERS / DP CALDERON, MARCO 1553 SOUTH MISSOURI AVE CLEARWATER FL 33756 DV MILLS, DONNY 1553 SOUTH MISSOURI AVE CLEARWATER FL 33756 | AND DIRECTORS  DELETE  ENUE  DELETE  DELETE  | Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE  | poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate (the purpose when reinstating)  DATE | AND DIRECTOR Change                   | RS IN 12 Addition                            |
| SIGNATURE  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  NAME  NAME  NAME  NAME  NAME  | OFFICERS / DP CALDERON, MARCO 1553 SOUTH MISSOURI AVE CLEARWATER FL 33756 DV MILLS, DONNY 1553 SOUTH MISSOURI AVE CLEARWATER FL 33758 | AND DIRECTORS  DELETE  ENUE  DELETE  DELETE  | Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME   | poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate (the purpose when reinstating)  DATE | AND DIRECTOR  Change  Change          | RS IN 12 Addition Addition                   |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS   | OFFICERS / DP CALDERON, MARCO 1553 SOUTH MISSOURI AVE CLEARWATER FL 33756 DV MILLS, DONNY 1553 SOUTH MISSOURI AVE CLEARWATER FL 33758 | AND DIRECTORS  DELETE  ENUE  DELETE  DELETE  | Registered Agent algraphic resput  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS   | poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate (the purpose when reinstating)  DATE | AND DIRECTOR  Change  Change          | RS IN 12 Addition Addition                   |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  CITY-ST-ZP  CITY-ST-ZP   | OFFICERS / DP CALDERON, MARCO 1553 SOUTH MISSOURI AVE CLEARWATER FL 33756 DV MILLS, DONNY 1553 SOUTH MISSOURI AVE CLEARWATER FL 33758 | EQUIT and BIG IF applicable. (NOTE:  AND DIRECTORS  DELETE  ENUE  DELETE  DELETE                               | Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.5 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP  | poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate (the purpose when reinstating)  DATE | AND DIRECTOR Change Change            | RS IN 12 Addition Addition                   |
| SIGNATURE  12.  TITLE  MAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  | OFFICERS / DP CALDERON, MARCO 1553 SOUTH MISSOURI AVE CLEARWATER FL 33756 DV MILLS, DONNY 1553 SOUTH MISSOURI AVE CLEARWATER FL 33758 | AND DIRECTORS  DELETE  ENUE  DELETE  DELETE  | Registered Agent signature requit  13. 1.1 TITLE 1.2 NAME 1.3 STREET AODRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE  | poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate (the purpose when reinstating)  DATE | AND DIRECTOR  Change  Change          | RS IN 12 Addition Addition Addition          |
| SIGNATURE  12.  TITLE  MAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME                             | OFFICERS / DP CALDERON, MARCO 1553 SOUTH MISSOURI AVE CLEARWATER FL 33756 DV MILLS, DONNY 1553 SOUTH MISSOURI AVE CLEARWATER FL 33758 | EQUIT and BIG IF applicable. (NOTE:  AND DIRECTORS  DELETE  ENUE  DELETE  DELETE                               | Registered Agent signature requit  13. 1.1 TITLE 1.2 NAME 1.3 STREET AODRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME   | poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate (the purpose when reinstating)  DATE | AND DIRECTOR  Change  Change          | RS IN 12 Addition Addition Addition          |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP | OFFICERS / DP CALDERON, MARCO 1553 SOUTH MISSOURI AVE CLEARWATER FL 33756 DV MILLS, DONNY 1553 SOUTH MISSOURI AVE CLEARWATER FL 33758 | EQUIT and BIG IF applicable. (NOTE:  AND DIRECTORS  DELETE  ENUE  DELETE  DELETE                               | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS | poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate (the purpose when reinstating)  DATE | AND DIRECTOR  Change  Change          | RS IN 12 Addition Addition Addition          |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP | OFFICERS / DP CALDERON, MARCO 1553 SOUTH MISSOURI AVE CLEARWATER FL 33756 DV MILLS, DONNY 1553 SOUTH MISSOURI AVE CLEARWATER FL 33758 | EQUIT and BIG IF applicable. (NOTE:  AND DIRECTORS  DELETE  ENUE  DELETE  DELETE                               | Registered Agent signature requit  13. 1.1 TITLE 1.2 NAME 1.3 STREET AODRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME   | poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate (the purpose when reinstating)  DATE | AND DIRECTOR  Change  Change          | RS IN 12 Addition Addition Addition          |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP | OFFICERS / DP CALDERON, MARCO 1553 SOUTH MISSOURI AVE CLEARWATER FL 33756 DV MILLS, DONNY 1553 SOUTH MISSOURI AVE CLEARWATER FL 33758 | EQUIT and BIG I applicable. [NOTE  AND DIRECTORS  DELETE  ENUE  DELETE  DELETE                                 | Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET AOORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADORESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADORESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADORESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADORESS 6.4 CITY-ST-ZIP 5.3 STREET ADORESS 6.4 CITY-ST-ZIP   | poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate (the purpose when reinstating)  DATE | Change Change                         | RS IN 12 Addition Addition Addition Addition |

64 CITY-ST-ZP CITY-ST-ZIP 14. Hereby certify that the information supplies indicated on this annual reporter supplementation of the reporter of the comparation of the number of the comparation of the number of with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes: I further certify that the information the 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 have or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in

**FILED** 

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90161 025 \*\*\*150.00

=::

=::

=:::::