PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000029635

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Principal Place	e of Business	Mailing Address				O TOD ISMAIL 12 A TO 183 B) SANSI MANSI MANSI MANSI	3 MAY FA FLATA SALLA I	R PO CIJOI BILI IN	E1
Principal Place of Business Mailing Address 601 E TWIGGS STREET 601 E TWIGGS STREET						• •			
SUITE 200		SUITE 200				DO NOT WONT IN	TUIC COACE		
TAMPA FL 336	02	TAMPA FL 33602				DO NOT WRITE IN	THIS SPACE		\neg
					ł	3. Date Incorporated or Qualifed			
						03/31/1998 4 FEI Number		Applied For	
2. Principal Place of Business 2a. Malling Address						4. FEI Number 59-3501350	<u></u>	Not Applicat	اما
21 26							\$8.7	5 Additional	"
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5, Certificate of Status Desired		Required	
City & State City & State						8. Election Campaign Financing	\$5.0	O May Be	ł
23	• • • •	28				Trust Fund Contribution	- Adde	d to Fees	_
Zip	Country	Zip	Zip Country			8. This corporation owes the current ye			\-
24	25	29	30			Personal Property Tax.	<u>Z</u> Yes	□No	
	Name and Address of Current	Registered Agent				 Name and Address of New Regist 	tered Agent		_
OF ID	NED CANAL		į,	11 Name					ŀ
	Ber, Sam I E Twiggs Street		}	Street Ac	ddress	ddress (P.O. Box Number is Not Acceptable)			\neg
	E 200		}	33			,		\dashv
TAM	PA FL 33602		L				85 Z	ip Code	
	_		- 1	14 City			FL T	•	
11. Pursuant office or ragent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State our familiar with, and accept the obligation	and 607.1508, Florida Statut f Florida, Such change was a one of, Section 607.0505, Flo	tes, the ab outhorized wida Statu	ove-named or by the corpora es.	corporat ration's	ion submits this statement for the purpo board of directors. I hereby accept the	appointment as	registered	•
SIGNATURE									
	Stonetics bytest or printed refine of tentatered energic	and trie of applicable. (NOTE	Registered A	per elutereia trac	quired whe	in reinstating) DA	ITE .		. ໄຂ
	Signature, typed or printed name of registered agent OFFICERS AND			gent signature requ	quired whe			TORS IN 12	
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12.		DIRECTORS	13.		quired whe		RS AND DIREC	TORS IN 12	ion E
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14. I hereby certify that the information supplied with (bis 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 eath; that I am an officer or director of the corporation or the under eath; that I am an officer or director of the corporation or the under eath; that I am an officer or director of the corporation or the under eath; that I am an expense in Block 12 or Block 13 if changed, or on applicationent with an address, with all other like empowered.

6.4 CITY-ST-ZIP

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FILED

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90252 025 ***150.00