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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000038413**

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90049 019 ***150.00

DANH AI Principal Place 401 34TH STRE ST PETERSBUR	e of Business Mailin	g Address TH STREET S. X TERSBURG FL 33711				
				3. Date incorporated or Qualifed 04/28/1998	ITE IN THIS SPACE	
2. Principal P	lace of Business 2a. March 25 N - 26 Y	ailing Address	60301	4. FEI Number 59-3507213	.	Applied For Not Applicable
Suite, Apt.	#, etc. St	uite, Apt. #, etc.		5. Certifcate of Status Desired		5 Additional Required
City & Stat		ity & State ST. PETERSI	sulg, Pl	Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Zip 24 337	Country Zig PINEIIAS 29	33784 30	Country PINE(IA		∑ Yes	□No
	9. Name and Address of Current Register	ed Agent	81 Name	10. Name and Address of New	`	C (2)
ACCOUNTING & TAX HELP, INC. X 8668 PARK BLVD SUITE A			82 Street Address (P.O. Box Number is Not Acceptable)			
SEM	IINOL FL 33777		83	<u> </u>		
			84 City	PINELLAS PARK	, FL T	34665
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.0502 and 607. registered agent, or both, in the State of Florida. am familiar with, and accept the obligations of, Se Signature, typed or printed name of registered agent and title if app	Such change was auth ection 607.0505, Florida MU ALLONNT ME	the above-named of corized by the corpora Statutes. Tay Ser gistered Agent signature req	B-D. Julion & B-D. Julion D.	ept the appointment as	registered
12.	OFFICERS AND DIRECT	ORS	13.	ADDITIONS/CHANGES TO O		
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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 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 changes or on an attachment with an address with all other like empowered.

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 | 9 | 727 - 520
Date Daytime Phone #

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