FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

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**PROFIT** CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000044053

	I GROUP, INC.			T (AA) AA) 116 16161 1701 0811 0811 0811 AAU AAU AAU AND	1 <b>8</b> 1
Principal Plac	e of Business	Mailing Address		( +00-(194) typ (0)-0) (0)11 DB/(( 0)-11 BB/(( 0)-11 B	
2112 NORTH 15TH STREET. STE. 101 2112 NORTH 15TH STREET. TAMPA FL 33605 TAMPA FL 33605			EET. STE. 101	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified  05/13/1998	
н	Place of Business	2a. Mailing Address 26		4. FET Number Applied For Not Applied	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required	l
City & Sta	te	City & State		6. Efection Campaign Financing 5.00 May Be	
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	{
24	9. Name and Address of Current	Pagistared Agest	[30]	Personal Property Tax [*] Yes No.  10. Name and Address of New Registered Agent	
	a. Maine and Address of Current	Registered Agent	81 Name	19. Maille and Address of New Registered Agent	*
	MULLEN, THOMAS J JR		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
	2 NORTH 15TH STREET, STE. 101			intess (r. o., pox number is not receptable)	
IAN	IPA FL 33605		83		
			84 City	FL 85 Zip Code	
office or o agent. I a SIGNATURE	registered agent, or both, in the State o am familiar with, and accept the obligation	f Florida. Such change was ons of, Section 607.0505,	s authorized by the corpora Eterida Statutes OMAI OTE Registered Agent signature (sq.	orporation submits this statement for the purpose of changing its registers ation's board of directors. I hereby accept the appointment as registered with the constitution of the constit	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TILE	477	☐ DELETE	1.1 TITLE	P.D. [   Change   XAde Thomas J. McMuller, JAy, Suite 101 2112 North 15th Street, Suite 101	iton   È
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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 changed, or on an attachment with an address, with all other like empowered. Thomas J. McMulky, Ja., hesidest 1-28-99 (813) 247-2828 SIGNATURE: