FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P98000046982
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District Disco of Business	Mailing Address	
Principal Place of Business 1238 WEST MORRISON AVENUE FAMPA FL 33629	4238 WEST MORRISON AVENUE TAMPA FL 33629	
2. Principal Place of Business	2a. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
Suite, Apt. #, etc. 2 City & State	Suite, Apt. #, etc. 27 City & State	
2	Suite, Apt. #, etc.	

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90038 045 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/22/1998 4. FEI Number Applied For 59-3502825 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing \Box Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible □No Personal Property Tax. 10. Name and Address of New Registered Agent ess (P.O. Box Number is Not Acceptable) 4238 WEST MORRISON AVENUE TAMPA FL 33629 Zip Code City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ DELETE ☐ Change 117ITLE TITLE PRENDENT TODD PSMITH 1.2 NAME NAME 1027 RAST HENRY STREET 1.3 STREET ADDRESS STREET ADDRESS TAMPA: FL. 1.4 CiTY-ST-ZiP CITY-ST-ZIP VP/SERRETARY/TREASURER DELETE Addition ☐ Change 2.1 TITLE TITLE CHRISTUPHEL CULTIS LIZZY WEST MOLEISON AVENUE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS TAMPA: FL, 33629 CITY-ST-ZIP 2. 4 CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4,1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Addition DELETE ☐ Change TILE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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

6.4 CITY-ST-7!P

SIGNATURE:

CITY-ST-ZIP