## 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 # P98000049639

1. Corporation Name

## Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90148 038 \*\*\*150.00

NESEARC	FI OL HAVES INVENT, INC.										
Principal Place o	of Business	Mailing Address	<del></del>			7	t samerame tem sande tarry pours by	III <b>WA</b> IRI <b>Wa</b> iri	. 01810 18179 0	Ter <b>al</b> l 1991	(# (#1) (# <b>0)</b>
132 10TH AVENUE	E NO. #102B	132 10TH AVENUE NO.	#102B								
SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34699			<b>395</b>				DO NOT WRI	E IN THU	SISPACE		
						3	Date ncorporated or Qualifed		JOI AGE		
							06/03/1998				
2. Princip al Plac	ce of Business	2a. Mailing Address		_			FEI Number		X	Apolie	ed For
21		26								Not A	pplicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certife	Certificate of Status Desired		\$8.75 Additional Fee Required		
22		27				-			<del></del>	<u>-</u> -	
City & State		City & State					Election Campaign Financing			<b>) 0</b> Ma ed to F	
<b>23</b> Zip	Country	28	Count	trv			Trust Fund Contribution  This corporation owes the current	ant year In		<u>30 () F</u>	ees
24	25	29	30	,			Personal Property Tax.	ent year n	Yes		No
24	9. Name and Address of Curre		1301				Name and Address of New R	legister ::		=	
				B1	Name		<u> </u>				
	ri, antoinette		\- -	82	Street A Idro	nee (D	O. Bo ( Number is Not Accepta	ble)	<del></del>	—–	
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SAFET	Y HARBOR FL 34695		[8	В3							
				B4	City				85 Z	ip Coc	
					City			FI	_   63   2	ip coc	J <del>C</del>
12.		NI) DIRECTORS	13.			A	DDITIONS/CHANGES TO OF	ICERS 4	ND DIREC ☐ Chang		N 12 ☐ Additio
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	Safety Harbor,	FL 34695 □ DELETE	1.4 CITY 2.1 TITLI		ZIP				Chang		Additio
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NAME STREET ADDRESS		☐ DELETE	5.4 CITY 6.1 TITLE 6.2 NAM	(-ST- E	ſ				☐ Chang	ge	Addition

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 indicate i 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 receivier or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ME OF SIGNING OFFICER OR DIRECTOR