PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9800050720

t. Corporation	n Name						- (
F.I. TIME	JLT, INC.										
							l	i nakinaan per eli ki fatih banyi akhi adibi i	1818), OFFICE BURRE 1888	(1011 13 11 100)	
}	•										
Principal Plac	e of Business		M	alling Address				i instindi iis ibini ifine Carte autit antit i	intal Brills Balfi (2978	INDIA CONTRACTOR	
101 EAST KEN	NEDY RLVD.		101	EAST KENNEDY BLVD).		ł				
SUITE 2000 SUITE 2000							Ì	DO NOT WRITE IN THIS SPACE			
TAMPA FL 33602 TAMPA FL 33602								DO NOT WRITE IN THIS SPACE			
•								3. Date Incorporated or Qualifed			1
			T-2	La-Mara Address				06/05/1998 4. FEI Number	I An	plied For	┨
_	lace of Business		2a.	Mailing Address				59-3580388		t Applicable	1
Suite, Apt.	# ata		26	Suite, Apt, #, atc.					\$8.75		1
<u> </u>	w, etc.		27	Oute, Apr. w. co.			l	5. Certificate of Status Desired ·	Fee Re		
City & Stat	<u> </u>		21	City & State				s. Election Campaign Financing	\$5.00	May Re	1
23	•		28	,			j	Trust Fund Contribution	Added to] _
Zip	Co	untry	1	Zip	Coun	try		8. This corporation owes the current yes	r Intangible]
24	25		29		30		- 1	Personal Property Tax.	☐ Yes	□No	1
	9. Name and A	ddress of Current	Regis	tered Agent				10. Name and Address of New Registe	red Agent		4
					_	B1 Name	in	HEE A. BEDKE	<u>:</u>		1
	P, PAUL W				1	32 Street A	<i>ICI</i>	(P.O. Box Number is Not Acceptable)			1
101 EAST KENNEDY BLVD.						10		E KENNEDY	BUVD.		1
	E 2000				[8	33	. 1	TE 2000			
į IAM	PA FL 33602					84 City			35 Zig C	odé	1
							IA				┧ .
11. Pursuant	to the provisions of	Sections 607.0502	and 60	97.1508, Florida Statul	es, the about	ove-named c	corpora	ation submits this statement for the purpose board of directors. I hereby accept the ap	e of changing its pooiniment as rec	registered sistered]
agent. I a	egistered agent, or m familiar with, and	accept the obligation	ns of,	Section 607.0505, Flo	rida Statut	88.	i discorti	s body of directors. I horsely becope and a	,		
SIGNATURE	Mel	-1/A. Be		En Mi	chael	A. Be	.dk		4/99		\ _
	Signature, typed or printed	name of registered agent a		reppicable. (NOTE	: Registered A	gent signature rec	quired w	nen reinstating) . DATI	AND DIDECTO	OC IN 12	18
12.		OFFICERS AND	DIKE	☐ DELETE	13.	- 1	دت	ADDITIONS/CHANGES TO OFFICERS	Change	XAddition	(11/98)
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STREET ADDRESS						-ST-ZIP	25	LANDO FL 32	A- ĺ		CRZE034
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SINEEL AUGACOS				٠	2.2 NAW	· .				Addition	
ATTV CT TO	•				2.3 STR	EET ADDRESS				Addition	
CITY-ST-ZIP	·			☐ DELETE	2.3 STR	EET ADDRESS Y-ST-ZIP				Addition	
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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 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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90207 019 ***158.75