PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARIMENT OF STATE

Katherine Harris

FILED May 19, 1999 8:00 am Secretary of State

	1999	DIVISION OF C		05-19-1999	90004 002 *1,350.00
i. Corporation	MENT # P9800 Name HOLDINGS, INC.	00052026			,
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Principal Place	a of Business	Mailing Address 703 CT, ST.			
		CLEARWATER FL 33756-5507	•	DO NOT WINTE	N. T. 110 CBACE
		•		DO NOT WRITE 3. Date Incorporated or Qualifed	IN THIS SPACE
				06/10/1998	
<u> </u>	lace of Business	2a. Mailing Address	17 0	4. FEI Number	Applied For
Suite, Apt. #, etc.			28 POB 66128 Suite, Apt. #, etc.		Not Applicable \$8.75 Additional
22 3016 Apr.	≈, etc.	27	_	5. Certificate of Status Desired	Fee Required
City & State	е	City & State	BURG BEACH	6. Election Campaign Financing _ [Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip 33736-612		8. This corporation owes the current	year Intangible
24	25	129	के एड	Personal Property Tax. 10. Name and Address of New Reg	Yes No
	9. Name and Address of Cu	ILLEUT KEGISTELEG WÄGUT	81 Name	(U. NEINS EIN AUGIESS OF NEW 109	30700 / 1070
JENNINGS THOMAS C. III			ess (P.O. Box Number is Not Acceptable)	
	ui. Si. Arwater Fl 33756-5507		83		
CLE	HINNIER PE 30/30-000/	•			
			84 City		FL 85 Zip Code
11. Pursuant i	to the provisions of Sections 607.	.0502 and 607.1508, Florida Statutes	the above-named corporation	oration submits this statement for the purific board of directors. I heraby accept the	pose of changing its registered e appointment as registered
agent. I ar	m familier with, and accept the ob	bligations of, Section 607.0505, Florid	la Statutes.		
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable. (NOTE:	legistered Agent signature required		DATE
12.	OFFICERS	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12 Change Addition
TITLE NAME	MARTIN DRILL	2 SEC TREASID	ENTE ON	racs/about	72
STREET ADDRESS	10 Dox 641	A /K/ 2472/ /A	1.3 STREET ADDRESS	•	Change Caption C
CITY-ST-ZIP	ST. PETCESOURY	Beach, 41 33736-6124	1.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TILE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition ☐
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 City-St-ZIP	·	
TITLE	<u> </u>	☐ D€LETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
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STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	•	
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			52 NAME		1
i	I		6.3 STREET ADDRESS		
STREET ADDRESS	,		6.4 CITY-ST-ZIP		l

indicated on this annual report of eupplemental 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 proposition 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 chapter 6, or an an attachment with an address, with all other like empowered.

SIGNATURE,