

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000055622

FILED Apr 02, 1999 8:00 am Secretary of State 04-02-1999 90029 029 ***150.00

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Principal Place		Mailing Address			1				
19105 CROOKED LANE 19105 CROOKED LANE LUTZ FL 33549					1				
LUTZ FL 33549 LUTZ FL 33549			•			DO NOT WRITE IN THIS SPACE			
					ſ	3. Date Incorporated	or Qualifed		
						06/19/1998			A
2. Principal Pl	ace of Business	2a. Mailing Address	-		Į	4. FEI Number	518724	L -	Applied For Not Applicable
21		26				<u> </u>		\$8.7	5-Additional***
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required			
22) City & State	<u> </u>	27 City & State		·····		6. Election Campaig	Financino	\$5.0	20 мау ве
23		28			ļ	Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Coun	try		8. This corporation of	wes the current y		~~
24	25	29	30			Personal Property		☐ Yes	X No
	9. Name and Address of Current	Registered Agent		14 N		10. Name and Addre			
AND	DEWC TANA		l'	Name			BERND	1	
ANDREWS, JANA 2807 W. BUSCH BOULEVARD			[7	82 Street Address (P.O. Box Number is Not Acceptable)			2		
	E 202		l.	B3	710	S CIOUR	ea cu	<u>/ C</u>	
TAMPA FL 33618			Ľ						
•••				84 City_	-U+	^L Z_		FL 85 2	10 Code 33549
44 Durawant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607,1508, Florida Statute	s, the ab	ove-named	corpor	ation submits this state	ment for the purp	ose of changing	its registered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	f Florida, Such change was at	rthorized ida Statul	by the corpo	oration'	's board of directors. I l	hereby accept the	appointment as	registered
-	n tamiliar with, and accept the congain	# 2A ~					4-1	6-99	}
SIGNATURE	Signature, hyped-of printed name of registered agent	and the if epproxima. (NOTE:	Registered A	gent algrature n	required w			ATE	
12.	OFFICERS AND		13.			ADDITIONS/CHAN	GES TO OFFICE	RS AND DIREC	
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NAME [BERNOT, DARLENE K		1,2 NAA	_				•	
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*NAME			32 NA	E					
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NAME			4, 2 NA			. •			Ì
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CITY-ST-ZIP			5A CITY	- ST-ZIP					
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NAME			6.2 NA	Æ			• • •		
STREET ADDRESS	lander der der der der der der der der der		6.3 STR	EET ADDRESS				•	Ì
CITY ST.710		· · · · · · · · · · · · · · · · · · ·		/-ST-ZIP				AM 4 - 1 - 1 - 1 - 1 - 1	- I-fo
	ertify that the information supplied with on this annual report or supplemental	h this filing does not qualify for	the exem	ption stated	d in Se	ction 119.07(3)(i), Flori	da Statutes. I furti al effect as if mad	ner certify that the le under oath: th	ne intormation tat I am an
indicated	on this annual report or supplemental director of the comoration of the receiv	eminami report is the and SCCU var or to estas amnowered to a	recute thi	s report as I	require	ed by Chapter 607. Flor	ida Statutes, and	that my name a	ppears in

Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.