

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90214 044 ***150.00

DOCUMENT # **P98000061203**

1. Corporation Name
OLYMPIA OF TAMPA BAY, INC.



Principal Place of Business
**2454 MCMULLEN BOOTH ROAD, STE. 421
CLEARWATER FL 33759**

Mailing Address
**2454 MCMULLEN BOOTH ROAD, STE. 421
CLEARWATER FL 33759**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/10/1998

2. Principal Place of Business

21 **1060 Keene Road**
Suite, Apt. #, etc.

2a. Mailing Address

26 **1060 Keene Road**
Suite, Apt. #, etc.

4. FEI Number

59-3522311

Applied For
Not Applicable

22 City & State

23 **Dunedin, FL.**

City & State

28 **Dunedin, FL.**

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

24 Zip Country
34698

29 Zip Country
34698

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**SOROTA, JOSEPH J JR
28100 U.S. HIGHWAY 19 NORTH, STE. 504
CLEARWATER FL 33761**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **TOULOU MIS, WILLIAM**
CITY-ST-ZIP **2454 MCMULLEN BOOTH ROAD, STE. 421
CLEARWATER FL 33759**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PDSTV ☒ Change ☐ Addition
TOULOU MIS, WILLIAM E.
1060 KEENE ROAD
DUNEDIN, FL. 34698

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

V ☐ Change ☒ Addition
TOULOU MIS, FRANK E.
1060 KEENE ROAD
DUNEDIN, FL. 34698

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/99 **727/736-8622**

CR2E034 (11/98)