999

PROFIT CORPORATION ANNUAL REPORT

1999DOCUMENT #

1. Corporation Name

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME



P98000063642

FLORIDA DEPARTMENT OF STATE

Kathorine Harris

Secretary of State

DIVISION OF CORPORATIONS

Jul 15, 1999 8:00 am Secretary of State

07-15-1999 90002 020 ***150.00

| PAGE (| ONE PRINTING, INC. | | | | ĺ | | | |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------|-------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------|
| } | _ | | | | | | ĪOL (IRIO AKŪI AIDIE TURI | aal 🗀 |
| D. 1.53 | | Name - Address | | | |] | <u> </u> | III |
| , | te of Business | Mailing Address | | | | | | |
| 631 CLEVELA CLEARWATER | | 631 CLEVELAND ST. CLEARWATER FL 33755 | | | 1 | | | |
| CLEANWAIEN | 1 FE 33/33 | CLEANWAIEN FL 33/33 | | | i | . DO NOT WRITE IN THIS SE | ACE | |
| _ | • | | • | | Į | 3. Date incorporated or Qualified | | |
| ì | | | | | Ì | 07/17/1998 | |] |
| 2. Principal P | Place of Business | 2a. Mailing Address | | | | 4. FEI Number | Applied For | \Box |
| 21 631 | Cleveland St. | 28 631 Cles | <u>ce10</u> | nd S | 7 | 59-3521643 | Not Applicat | ble |
| Suite, Apt. | #, etc. | Suite, Apl. #, etc. | | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | 1 |
| City & Stat | te | City & State | | | | 6. Election Campaign Financing | \$5.00 May Be | \neg |
| 23 C.\ec | ar-water-FI- | 20 Clear wat | er | FI | - | Trust Fund Contribution | Added to Fees | 1.4 |
| Zip | Country | Zip | Count | ry | | 8. This corporation owes the current year | | |
| 21337 | 55 25 Pinellas | 29 <u>337,5</u> 5 3 | 0 8 | nella | <u> </u> | | Yes No | |
| <u>}</u> | 9. Name and Address of Current R | legistered Agent | - +- | | | 19. Name and Address of New Registered Ag- | ent | |
| RD. | AMBLETT, MARK C | | 18 | 1 Name | | | | - { |
| 1108 JASPER ST. N.W. | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| CLEARWATER FL 33756 | | | | | | | | |
| 4 | CANVAIGH FL 33/30 | | ĺ8 | 3 | | | | 1 |
| \ | | | 1 | City | | . FL. | 85 Zip Code | |
| 11. Pursuant office or | t to the provisions of sections 607.0502 at registered agent, or both, in the State of am familiar with, and accept the obligatio | nd 607.1508, Florida Statutes. Florida. Such change was aut | the above | o-named corpor | rporat ration | ton submits that statement for the purpose of than could of directors. Phereby accept the application | jing its registered ent as registered | |
| | | | | ه. در ما حس | - 1 | MUNUPALAMYKUK | 7-1-99 | , |
| SIGNATURE | Signature, typed or printed name of registered agent an | | | | | d when reinstating) DATE | · | ᆜᇷ |
| 12. | OFFICERS AND I | DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND I | DIRECTORS IN 12 | SRZE034 (5/99) |
| TITLE | President | ☐ DELETE | 1.1 YITLE | • | | 1.) | Change L. Additi | ion 🚓 |
| NAME | mark Brambl | ett | 1.2 NAME | : } | | ' | | 영 |
| STREET ADDRESS | 1108 Jasper St. | | 1.3 STREE | ET ADDRESS | | | | 18 |
| CITY-ST-ZIP | Clearwater, FI | | 1.4 CITY- | | | | | |
| TITLE | | DELÉTE | 2.1 TITLE | l l | | LJ | Change Additi | on |
| NAME | | i | 2.2 NAME | - i | | | | - } |
| STREET ACORESS | | i | | ET ADORESS | | | | |
| CITY-ST-ZIP | | | 2.4 CITY | | | | | |
| IIITE | } | ☐ DELETE | 3.1 TITLE | | | L | Change . Additi | ion |
| NAME | | | 3.2 NAME | | | | | |
| STREET ADDRESS | , a s | | | ET ADDRESS | | - The state of the | | |
| CITY-ST-ZIP | | | 3.4 CITY | | | | | |
| TITLE | | L DELETÉ | 4.1 TITLE | | | Ĺ | Change L. Additi | on |

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 cath; that I am an officer or director of the corporation or the receiver or trustees 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.

4.3 STREET AGORESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP 5.1 TITLE

S 2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE: MOTOR OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date Deviene P

Change Addition

Change Addition