May 04, 1999 8:00 am Secretary of State

05-04-1999 90084 035 ***150.00

PROFIT CORPORATION ANNIIAI REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

1	1999		DIVISION OF CO								
DOCUI	MENT # P980	000654	51								
LONGIA	er raoreniles, inc.										
Principal Place	of Business	Mailing /	 Vddress				- 1 1991/931 (19 10)4	INTER PERMITABLE INTO CENTE		UI) 07 (121 HD2)	
Principal Place of Business Mailing Address 255 COREY AVENUE 255 COREY AVENUE											
ST. PETERSBURG BEACH FL 33706 ST. PETERSBURG BEACH FL 33706							DO NOT WRITE IN THIS SPACE				
							3. Date incorporated or Qualifed				
{ '							07/23/1998				
2. Principal Pi	ace of Business	2a. Maili	Mailing Address				4. FEI Number	38345	<u> </u>	plied For	
21		26					54 35	38345		Applicable	
Suite, Apt.	#, etc.	J	Suite, Apt. #, etc.				5. Certificate of Status	Desired 🗍	\$8.75 A		
22 City & State	<u> </u>		City & State				6. Election Campaign	Financing	\$5.00	May Be	
23		28					Trust Fund Contribu	- 11	Added t		
Zip	Country	Zip		Cou	ntry		8. This corporation ow				
24	25	29	30	<u></u>	r		Personal Property 10. Name and Addres		☐ Yes	□No	
	9. Name and Address of C	urrent Registered	Agent		81 Nam		10. Name and Addres	Of Idea Legistere	u Agent		
ST	CLAIR, JOYCE										
255 COREY AVENUE						et Addre	ss (P.O. Box Number is I	lot Acceptable)			
	PETERSBURG BEACH FL 33	3706			83						
}					84 City			· · · · · · · · · · · · · · · · · · ·	85 Zlp (Inde	
}					-			F			
11. Pursuant office or n agent. I as	to the provisions of Sections 60 egistered agent, or both, in the 5 m familiar with, and accept the c	7.0502 and 607.150 State of Florida. Sub obligations of, Section	B, Florida Statutes, ch change was auth on 607.0505, Florida	the a ortzec a Stati	bove name by the courtes.	ed corpo rporation	pration submits this statem n's board of directors. I he	ent for the purpose reby accept the app	of changing its ointment as re	registered gistered	
SIGNATURE:	•						when reinstating)	DATE			_
12.	Signature, typed or printed name of register OFFICER	S AND DIRECTOR		13.	Agent signers	e ledonec	ADDITIONS/CHANG		AND DIRECTO	RS IN 12	86
TILE I	DP		☐ DELETE	1.1 T	TLE .	1			☐ Change	☐ Addition	CR2E034 (11/98)
NAME	SKIPPER, PAUL J			1.2 N	WE	1					졄
STREET ADDRESS	255 COREY AVENUE			1.3 51	REET ADORE	S					띮
CITY-ST-ZIP	ST. PETERSBURG BEACH	FL 33706		1,4 CI	TY-ST-ZIP				D01	Addition	8
TITLE	DV :		☐ DELETE	21 TI					☐ Change) veginen	_
NAME:	ST. CLAIR, JOYCE			2.2 N							
STREET ADDRESS	. 255 COREY AVENUE	I EL 20700			REET ADDRE	³⁵ -	** :			,	
CITY-ST-ZIP	ST. PETERSBURG BEACH DTS	FL 33706	DELETE	2.4 C	NY-ST-ZIP	_			Change	Addition	
-NAME	-KLINGEL, JOSEPH W			3.2 N/							l
STREET ADDRESS	255 COREY AVENUE		•	i i	REET ADDRE	s					}
CITY-ST-ZIP	ST. PETERSBURG BEACH	FL 33706		3.4. C	NY-ST-ZIP	Ì					l
TITLE			☐ DELETE	4.1 YF	TLE				☐ Change	Addition	i
NAME	,			4.2 N	AME	İ					l
STREET ADDRESS					REET ADDRE	ss					l
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			_	TY-ST-ZIP				☐ Change	Addition	
TITLE			☐ DELETE	5.1 TD 5.2 N					□ cuange	CHANGE	
NAME					WEET ADORE		•				
STREET ADDRESS					rzei Augre TY-ST-ZIP	~					
TITLE			☐ OELETE	6.1 TI		1			Change	☐ Addition	
, <u>. </u>						1					

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 ennual 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 business 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 por an attackment and address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

91/3	ATI	10	⊏.

STREET ADDRESS

SKIDATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

DATE

DATE