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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State · DIVISION OF CORPORATIONS

DOCUMENT # P98000065885 1. Corporation Name

May 04, 1999 8:00 am Secretary of State

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Principal Place of Business	Mailing Address				
5282-95TH STREET NORTH \$282-95TH STREET NORTH ST. PETERSBURG FL 33708 \$1. PETERSBURG FL 33708					
31. PETERSBURG PL 33/00		DO NOT WRITE IN THIS SPACE			
·			3. Date Incorporated or Qualifed		
•		,	07/24/1998		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number		olied For
21 21 21 22 23 24 24 25 25 25 25 25 25 25 25 25 25 25 25 25	26		- 59 - 35322		Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	□ \$8.75 A	
22 Unit 7	27			Fee Red	
City & State	City & State		6. Election Campaign Financing	□ \$5.00 t	
23	28 :	Country	Trust Fund Contribution	Added to	rees
Zip Country	Zip .	Country	This corporation owes the curre Personal Property Tax.		₩No
24 25 9. Name and Address of Current		30]	10. Name and Address of New R		30110
9. Name and Address of Current	vedistelen våelir	81 Name	IV. Marile and Madreso, or Marile		
HESTON, SCOTT J					
7919-11TH AVENUE SOUTH		82 Street A	ddress (P.O. Box Number is Not Accepta	ble)	
ST. PETERSBURG FL 33707-2705		83			_
		84 City		FL 85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named c	orporation submits this statement for the	purpose of changing its r	registered
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation.	Florida, Such change was aut	thorized by the corpor	ation's board of directors. I hereby accep	t the appointment as reg	gistered
agent. I am failiniai with, and accept the obligation	2113 O1, OCCUDIT CO1.0000, 1 1011				
0.004.700					1
SIGNATURE Signature, typed or printed name of registered agent a		Registered Agent signature rec		DATE	
SIGNATURE Signature, typed or printed name of registered agent at OFFICERS AND	and title if applicable. (NOTE: I	Registered Agent signature rec	juired when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRECTOR	RS IN 12
Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signature rec	ulired when reinstating) ADDITIONS/CHANGES TO OFF	DATE	
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Signature, typed or printed name of registered agent at 2. OFFICERS AND TITLE	and title if applicable. (NOTE: I	13. 1.1 TITLE	Penny Heston 7919 11 Th Ave S	DATE FICERS AND DIRECTOR	RS IN 12
Signature, typed or printed name of registered agent at 2. OFFICERS AND TITLE NAME	and title if applicable. (NOTE: i	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRECTOR Change	RS IN 12
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14. 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP