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

DOCUMENT # P98000065935

GARY E. FRAZIER, P.A.

Principal Place of Business	M
150 2ND AVENUE NORTH SUITE 910 ST. PETERSBURG FL 33701	15 S1

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90024 005 ***150.00



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Principal Place of Business Mailing Address								,	,	
150 2ND AVENUE NORTH SUITE 910 150 2ND AVENUE NORTH SU ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701										
OI. TETERIOUGHO TE GOTO						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 07/28/1998				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			Applied For	
21		26				59-3523213 Not Applicabl				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	a, Apt. #, etc.			\$8.75 Additional				
22		27				5. Certificate of Status Desired Fee Required				
City & Stat	е -	City & State	The state of the s			6. Election Campaign Financing 5.00 May Be				
23		28				Trust Fund Contribution	Ad	lded to	Fees	
Zip	Country	Zip	Coun	try		8. This corporation owes the current y	ear Intangible			
24	25	29	30			Personal Property Tax.	x Yes	; [∃No	
**!	9. Name and Address of Curre					10. Name and Address of New Regis	tered Agent			
			1	81	Name					
FRA	ZIER, GARY E		Ļ		<u> </u>	(D.O. Davidson J. M. 1997)				
	2ND AVENUE NORTH SUITE	910	1	82	Street Addre	ess (P.O. Box Number is Not Acceptable)				
	PETERSBURG FL 33701		17	83			_			
J			. [
			[84	City		FL 85	Zip Co	de	
44 Dureuant	to the provisions of Sections 607 0	502 and 607 1508 Florida Statute	s, the ab	ove-r	named corpo	oration submits this statement for the purp	ose of changi	ng its re	gistered	
office or r	registered against ar both in the Stat	a of Florida. Such change was all	thonzed i	nv in	ne corporatio	n's board of directors. I hereby accept the	appointment	as regis	stered	
agent. La	m familiar with, and accept the oblig	gations of, Section 607.0505, Flori	oa Statut	es.						
SIGNATURE					rionature required	when reinstating) Di	ATE			
42	Signature, typed or printed name of registered a	NO DIRECTORS:	13.	yont 5	istrarria (adriced	ADDITIONS/CHANGES TO OFFICE		CTOR	S IN 12	
12.	OFFICERS F	DELETE	1.1 TITL	E	P	/T/S/D	Chi	-	XXAdditio	
			1.2 NAW			ary E. Frazier	_	-		
NAME				-		50 2nd Avenue N., Suit	e 910			
STREET ADDRESS					I					
CITY-ST-ZIP		☐ DELETE	1.4 CITY		ZIP S	t. Petersburg, F1 3370	/1 ☐ Chi	anne	☐ Additio	
TITLE		□ DELETE	· 2.1 ππ.					nigo		
NAME			2.2 NAM	Æ						
STREET ADDRESS			2.3 STR	EET A	ODRESS					
CITY-ST-ZIP			2. 4 CIT	Y-ST-	ZIP					
TITLE		DELETE	. 3.† TITL	E		- , and	,Chi	ange	☐ Addition	
NAME			3.2 NAM	Æ						
STREET ADDRESS			3.3 STR	EET A	DDRESS					
CITY-ST-ZIP		•	3.4. CIT	Y-ST-	ZIP					
TITLE		☐ DELETE	4.1 TITL				Ch	ange	Addition	
NAME			4. 2 NA	ME						
					ADDRESS					
STREET ADDRESS	A Company of the Comp									
CITY-ST-ZIP		DELETE	4.4 CITS 5.1 TITL		LIF	egyptist affaire a Maria and State at the other and a	Ch	ange	☐ Addition	
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STREET ADDRESS					ADDRESS " """		100	•	ur .	
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NAME	L.		6.2 NAM	Æ				907		
STREET ADDRESS			6.3 STR	REETA	ADDRESS		**	· -		
I SINCELWOOMESS	İ				ī					

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.

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