## 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 # P98000067229

1. Corporation Name

STEVEN P. WIDOFF, INC.

Principal Place of Business

Mailing Address

204 WEST CREST AVENUE

204 WEST CREST AVENUE

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

04-08-1999 90094 043 \*\*\*150.00



TAMPA FL 33603	TAMPA FL 33603			DO NOT WRIT	F IN THIS	SPACE	
•				3. Date Incorporated or Qualifed 07/29/1998		<u> </u>	
2. Principal Place of Business	2a, Mailing Address	<del></del>		4. FEI Number		•	Applied For
21	26			59-352589	4	. [7	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	-				\$8.7	5 Additional
22	27			5. Certificate of Status Desired		Fee	Required
City & State	City & State			6. Election Campaign Financing		\$5.0	00 May Be
23	28			Trust Fund Contribution			ed to Fees
Zip Country	Zip	Country		8. This corporation owes the curre	nt year Inta	angible	
24 25	29 30	<u> </u>		Personal Property Tax.	_	Yes	<u> </u>
9. Name and Address of Curren	t Registered Agent			10. Name and Address of New R	egistered /	Agent	
		81	Name				
WIDOFF, STEVEN P		82	Ctroot Addre	ess (P.O. Box Number is Not Acceptate	)		<del></del>
204 WEST CREST AVENUE			Street Addre	ess (F.O. box Number is Not Accepta-	Jie /		
TAMPA FL 33603		83	<u> </u>				
			<u></u>	<u> </u>		1:	
		84	City		FL	85 2	Lip Code
11. Pursuant to the provisions of Sections 607.0502	2 and 607 1508 Florida Statutes	the show	e-named corno	pration submits this statement for the r	urnose of	 changing	its registered
<ol> <li>Pursuant to the provisions of Sections 607.050; office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligat</li> </ol>	of Florida. Such change was auth	orized by	the corporatio	n's board of directors. I hereby accept	the appoir	ntment a	s registered
SIGNATURE			-1		DATE		{
Signature, typed or printed name of registered agen			it signature required	<del></del>		D DIDE	STORE IN 42
_ <del>'^*'</del>	D DELETE	13.	<del></del>	ADDITIONS/CHANGES TO OFF	ICERS AN	Chan	
TITLE D	□ pecete	1.1 TITLE	İ			LJ Onas	ge [], toolison
NAME WIDOFF, WENDY		1.2 NAME					
STREET ADDRESS 204 WEST CREST AVENUE	·	1.3 STREET	FADDRESS				Ĭ
CITY-ST-ZIP TAMPA FL 33603		1.4 CITY-S	T-ZIP				
TITLE D	☐ DELETE	2.1 TTLE	}		•	☐ Char	ge 🗌 Addition
NAME WIDOFF, STEVEN P		2.2 NAME					ł
STREET ADDRESS 204 WEST CHEST AVENUE		2.3 STREE	TADORESS 🖺 🗀	e e e e e e e e e e e e e e e e e e e	÷ -		·- \
CITY-ST-ZIP TAMPA FL 33603		2. 4 CITY-5	T-ZIP				
TITLE	☐ DELETE	3.1 TTLE				Chan	ge 🗌 Addition
NAME		3.2 NAME					}
STREET ADDRESS		3.3 STREE	TADDRESS				ţ
CITY-ST-ZIP		3.4. CITY- S	T-ZIP	• •			}
TITLE	☐ DELETE	4.1 TITLE				☐ Char	ge Addition
NAME		4. 2 NAME					ļ
STREET ADDRESS		4.3 STREET	T ADDRESS				ļ
CITY-ST-ZIP		4.4 CITY-S					
TITLE	☐ DELE <b>TE</b>	5.1 TITLE				Char	ge Addition
NAME .	<u> </u>	5.2 NAME					
		5.3 STREET	(ADDRESS	·			ļ
STREET ADDRESS		5.4 CITY-S					}
TITLE	☐ DELETE	6.1 TITLE				Chan	ge Addition
	ت محددات	6.2 NAME	1				
NAME		6.3 STREET	TADORESE				ĺ
STREET ADDRESS			1				1
CITY-ST-ZIP	th this files dose t 1/6 - f 4/2	6.4 C/TY-S		action 110 07/2\(i) Florida Statutas I	further and	ifi that t	ha information

indicated on this annual report or supplied with this limits does not qualify for the exemption stated in Section 1.9.07(5/ft), indicated supplied with the indicated on this annual report or suppliemental 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: