**PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT#

## Apr 07, 1999 8:00 am Secretary of State

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D-Mr 1	HOMPSON, P.A.			•	A AMBRICANT AND INITE AND ARTIS MARE ASTE AND	11 ( <b>886</b> ) jj <b>ak</b> ê 111 <b>8</b> 0	1000 (B) (B)
				<del></del>	-\$ TANDITON ISA PENDI INDIN ORRAL OLDIN ENKIN DOK	(1 1 <b>900</b> ) H <b>eed</b> (11 <b>00</b>	HING INI INDY
Principal Pla	ace of Business	Mailing Address					
	CAY DRIVE, #1 D	3400 COVE CAY DRIVE. #1	D				
CLEARWATE	R FL 33760	CLEARWATER FL 33780			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					09/01/1998		
0 Dringing	I Place of Business	2a, Mailing Address			4. FEI Number	Ap	plied For
	I FIBCE OF CUSHICSS	26			59-3540670		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75	Additional
2		27			5. Certificate of Status Desired	Fee Re	
	tata	City & State			6: Election Campaign Financing	\$5.00	May Be ===
3		28			Trust Fund Contribution	Added t	•
Zip	Country	Zip	Country	<del></del>	8. This corporation owes the current year	intangible	
4	25	——————————————————————————————————————	30		Personal Property Tax.		BNo _
-1	9. Name and Address of Current				10. Name and Address of New Registers	d Agent	
			81	Name			
TH	iompson, D M		6.4	Ctook 8 days	ss (P.O. Box Number is Not Acceptable)		
34	00 COVE CAY DRIVE, #1 D		82	Street Addre	23 (F.D. DOX RUITIDE) IS NOT MOUSPESSE)		
CL	EARWATER FL 33760		83				
			84	City	F	85 Zip C	Code
	10 No. 11 10 10 10 10 10 10 10 10 10 10 10 10	and pay span Clarida Chaha	- 150 05004	named como	ration submits this statement for the purpose n's board of directors. I hereby accept the app		registered
SIGNATUR	Signature, typed or printed name of registered agent			t signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS /	AND DIRECTO	RS IN 12
12.		D DIRECTORS DELETE	13.	<del></del>	ADDITIONAL CONTROLL TO OFFICE IO	Change	Addition
TTLE	PRESIDENT	.0604/		1			
WÆ	DORIS PL. CHOW		12 NAME	I I			
TREET ADORE		DOINE # LD	1.2 NAME	2230001			
	3400 COVE CHY	DRIVE # ID	1.3 STREET	i l	·	□ Crange	
	CLEARWATER F	PGON DRIVE #1D 1 33760	1.3 STREET	i l		☐ Change	Addition
TILE	CLEARWATER, F	DRIVE # 1D	1.3 STREET 1.4 CTY-5 2.1 TILE	i l			
TILE	CIEARWHIER, F	DRIVE #1D 1 33760 DELETE	1.3 STREET 1.4 CITY-5 2.1 TITLE 2.2 NAME	T-28P			
TILE MANE TREET AOORE	CIEARWHIER, F	DRIVE #ID 1 33760 DELETE	1.3 STREET 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREET	T-ZIP TADORESS			
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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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under each; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807. 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.

SIG	NA	TU	RE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING	WUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING	OFFICER OR DIRECTOR
D. M. Shamps	Du 4/1/199
10. 111 Tranga	on apply
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