**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90100 019 \*\*\*150.00

	MENT # <b>P98000</b> TRIBUTING, INC.	073547				
Principal Place	of Business	Mailing Address				
4370 KENT AVE		4370 KENT AVENUE				
TITUSVILLE FL 32780 TITUSVILLE FL 32790						
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 08/19/1998
2. Principal Place of Business 21		2a. Mailing Address				4. FEI Number Applied For
		26				59 - 35 4 8 6 5 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional Fee Required
22		27				
City & State		City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
23 Zin	Country	Zip	Cou	ntrv		8. This corporation owes the current year Intangible
Zip	25	29	30			Personal Property Tax.
24	9. Name and Address of Curren		130		•	10. Name and Address of New Registered Agent
	J. Hallis and Habitation of Salita			81	Name	
LEE,	STEVEN D			82	01	(C.O. D. Mushos in Net Accordable)
4370 KENT AVENUE					Street Ad	Address (P.O. Box Number is Not Acceptable)
TITUS	SVILLE FL 32780			83		
	1.14 2					Ing. 7in Code
				84	City	FL 85 Zip Code
	Signature, typed or printed name of registered agen			Agent	signature requ	equired when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AN	ID DIRECTORS	13. E 1.1 Tri	n E	-	Change St Addition
TITLE		O pere				Steven O. Lee 4370/Kent Av. Titusville Fl 32780
NAME				1.2 NAME  1.3 STREET ADDRESS		4370/Kent Av.
STREET ADDRESS				14 CITY-ST-ZIP		Titusville Fl 32780
CITY-ST-ZIP		☐ DELET		2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NA			
STREET ADDRESS					ADDRESS .	الرابي المعلمية مع يمتع المنظوم والمناطق المنظم والمناطق المنظم والمناطق المنظم والمنطق المنظم والمنطق والمنظم
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			ITY-ST		
TITLE	7757	☐ DELET		3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 ST	REET	ADDRESS	
CITY-ST-ZIP		<u></u>	3.4. C	TY-ST	-ZIP	
TITLE		☐ DELET	FE 4.1 ΤΠ	ΓLE		☐ Change ☐ Addition
NAME			4. 2 N	AME		
STREET ADDRESS			4.3 ST	REET	ADORESS	
CITY-ST-ZIP	4.75			TY-ST-	· ZIP	
TITLE		☐ DELET			Ì	☐ Change ☐ Addition
NAME			5.2 N			1
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				TY-ST-	· ZIP	Change Addition
TITLE		☐ DELET	6.2 N/		1	☐ Cliarge ☐ Addition
NAME					ADORESS .	
STREET ADDRESS					1	
CITY-ST-ZIP			6.4 CI	TY-ST-	- 2112 -	

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 signatule 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:

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR