**PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## **Katherine** Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90069 030 \*\*\*150.00

DOCUMENT #	P98000074767
4. Corporation Mamo	1 00000017101

] •,	IMENT # P98000 ROOM BY ROOM SUBCONT		·				
Bringing Plac	ce of Business	Making Address	··	I \$8011884		<b>I</b> III	
'		Malling Address			•		
1309 W NASS/		1309 W NASSAU STREET					
TAMPA FL 336	70/ 	TAMPA FL 33607		DO NOT WRITE IN TH	IS SPACE		
				3. Date Incorporated or Qualified	O DI ACL		
				08/24/1998			
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	TAI	plied For	
21		26		59-3529699	5- <del> </del>	t Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			\$8.75		
22		27		5. Certificate of Status Desired	Fee Re		
City & Sta	le .	City & State		6. Election Campaign Financing	\$5.00	May Ba	
23		28		Trust Fund Contribution	Added 1	· ·	
Žip	Country	Zip	Country	g. This corporation owes the current year in	<del></del>	ج- بيد ر	_
24			30	Personal Property Tax.	Yes	□No	_
	9. Name and Address of Curre	L- <u>-</u> -		10. Name and Address of New Registered			
			61 /Name				
1	HARDSON, JANET		82 Street Add	tress (P.O. Box Number is Not Acceptable)			
1309	9 w nassau street		62 Street Add	ress (P.O. Box Number is Not Acceptable)			
TAM	PA FL 33607		83				
			84 City	FI	85 Zip (	Code	
11 Pursuant	to the provisions of Sections 507 050	2 and 607 1508 Florida Statute	s the above-named con	poration submits this statement for the purpose of		registered	
office or /	registered agent, or both, in the State	of Florida. Such change was aut	thorized by the corporat	on's board of directors. I hereby accept the appo	iniment as re	jistered	
agent. i a	am familiar with, and accept the obliga	itions of, Section 607,0505, Flori	da Statutes.			1	
SIGNATURE	Signature, typed or printed name of registered age	the it and the it applicable	Registered Agent signature requir	ed when reinstaling) DATE			
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	CTO ALL I			ADDITIONS/CHANGES TO OFFICERS A			
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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.

SIGNATURE: