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 # P98000074906

1. Corporation Name

DALUD E LUCKO DA

May 06, 1999 8:00 am Secretary of State

05-06-1999 90257 041 ***150.00

DAVID	; niuno, r.a.			
Principal Plac	e of Business	Mailing Address		i (40)(40) (50 10)di (10)) mill gold anili anili salit salit salit salit salit
•	EDY BLVD., SUITE 335	4100 W. KENNEDY BLVD	SUITE 335	
TAMPA FL 336		TAMPA FL 33609	· · · · · · · · · · · · · · · · · · ·	
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed 08/27/1998
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26	_	65-0738749 Not Applicable
Suite; Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		Fee Required
City & Stat	е	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax.
24	25		30	Personal Property Tax. Li Yes 10. Name and Address of New Registered Agent
	9. Name and Address of Curre	ent Registered Agent	81 Name 7	10. Name and Address of New Registered Agent
COF	RPORATION SERVICE COMPAN	Y		PAVIDE. HICKS
	HAYS STREET		82 Street Ad	dress (P.O. Box Number is No Acceptable)
	LAHASSEE FL 32301-2525		83	06 KINWICK PIL
(772)	D # 11 (00 CE 1 E 0 CE 0 1 E 0 CE		03	
			84 City	A/A/10 FL 85 35594
44 5	the annial of Earling CO7 Of	100 and 607 1509 Florida Statute	s the above named co	reporation submits this statement for the number of changing its registered
office or r	to the provisions of Sections 607.03 registered agent, or both, in the Stat	of Floria. Such change was at	thorized by the corpora	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with and accept the oblig	ations of Section 607.0505, Flor	ida Statutes.	4/20/40
SIGNATURE	MUNIC	pent and title if applicable (NOTE.	Registered Agent signature requ	(ATE
12.		IND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	DELETE	1,1 TITLE	Change Addition
NAME	HICKS, DAVID E		1.2 NAME	
STREET ADDRESS	4100 W. KENNEDY BLVD., S	JITE 335	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609		1.4 CITY-ST-ZIP	
TITLE	77 1771 77 7 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP	•		2.4 CITY-ST-ZIP	
TITLE	<u> </u>	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	• •		3.2 NAME	
STREET ADDRESS		,	3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-7ID	}		6.4 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 oath; that I am an officer or director of the corporation of 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: