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

r. Corporation	MENT # P98000 UNSET HOLDINGS, INC.	0083858						
Principal Place	of Business	Mailing Address			# 1001/1004 110 10104 10114 0014 0014 0	. 6 666 66 864 68 164 581 68 15169 58564	TANDO ABAN 1880	
6315 ADAMS S		6315 ADAMS STREET				•		
NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652								
					41.00	ITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		ļ	
2. Director Disease Outrines					09/29/1998 4. FEI Number		olied For	
2. Principal Place of Business		2a. Mailing Address		59-353548	S Apr	Applicable		
		Suite, Apt. #, etc.	ite. Apt. #. etc.			\$8.75 A		
27 27			4 -	5 Certificate of Status Desired		Fee Re		
City & State City & State				-,,,,,-	6. Election Campaign Financing	\$5.00	Mav Be	
23		28		Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cou	intry	8. This corporation owes the cur			
24	25	29	30		Personal Property Tax.		₩ No	
·	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New	Registered Agent		
B40	^* 1555057			81 Name				
BACCA, JEFFREY				82 Street A	Address (P.O. Box Number is Not Acceptable)			
6315 ADAMS STREET								
NEW PORT RICHEY FL 34652				83		}		
				84 City		85 Zip C	ode	
···						FL 5 2		
office or re agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida, Such change was	authorized	d by the corbo	corporation submits this statement for the ration's board of directors. I hereby acce	ept the appointment as rec	pistered	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NO	TE: Registered	1 Agent signature re	quired when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO O			
TITLE		DELETE	1.1 Tí	TLE	President	☐ Change		
NAME						-	Addition	
OTDEET ADDDESS			1.2 N	AME	Jettray A Bacca		Addition	
STREET ADDRESS	•		- 1	AME TREET ADDRESS	- / A A		Addition	
CITY-ST-ZIP			1.3 \$1		- / A A	34652		
		☐ DELETE	1.3 \$1	TREET ADDRESS	- / A A	3 Y 6 S Z ☐ Change	Addition	
CITY-ST-ZIP		☐ DELETE	1.3 ST 1.4 CI	TREET ADDRESS	- / A A	3465℃		
CITY-ST-ZIP TITLE	· · · ·	☐ DELETE	1.3 ST 1.4 CI 2.1 TI 2.2 N	TREET ADDRESS	6315 Adus ST. New Port Ricley, FL	34652 ☐ Change		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			1.3 ST 1.4 CI 2.1 TI 2.2 N 2.3 ST - 2.4 C	TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP	- / A A	<u> </u>	☐ Addition	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			1.3 S ¹ 1.4 Cl 2.1 Tl 2.2 N 2.3 S ¹ 2.4 Cl 3.1 Tl 3.2 N	TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME	6315 Adus ST. New Port Ricley, FL	<u> </u>	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			1.3 ST 1.4 Cl 2.1 TI 2.2 NV 2.3 ST 2.4 CC 3.1 TI 3.2 NV 3.3 ST	TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS	6315 Adus ST. New Port Ricley, FL	<u> </u>	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	1.3 ST 1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 CO 3.1 TI 3.2 NV 3.3 ST 3.4. CO	TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP TREET ADDRESS	6315 Adus ST. New Port Ricley, FL	Change	Addition	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	3	☐ DELETE	1.3 ST 1.4 CI 2.1 TI 2.2 NJ 2.3 ST 2.4 CC 3.1 TI 3.2 NJ 3.3 ST 3.4 .C 4.1 TI 4.2 NJ 4.	TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP TILE AME	6315 Adus ST. New Port Ricley, FL	Change	Addition	
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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 coporation 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

at Quired