99 FEB -3 PH 1: 24
TALLAHASSEE, PLORIDA

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

2390 67TH AVENUE SOUTH

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P98000087408
4 Oceanostica Massa	

1. Corporation Name

Principal Place of Business

2390 67TH AVENUE SOUTH

NAME

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

ACCESS BY DESIGN, INC.

ST. PETERSBURG FL 33712 ST. PETERSBURG FL 33712		DO NOT WRITE IN THIS SPACE	
		3. Date Incorporated or Qualifed	
2. Principal Place of Business 21 6467 CENTRAL AVE Suite, Apt #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc	10/13/1998 4. FEI Number 59~3 がるダダブ/	Applied For Not Applicable \$8.75 Additional
22	27	5. Certificate of Status Desired []	Fee Required
City & State	City & State	6. Election Campaign Financing	\$5,00 May Be
23 ST. PETERSBURG-	28	Trust Fund Contribution	Added to Fees
Zip Country	Zip Country	8. This corporation owes the current year In	
24 33710 25 FINELLAS	[29] [30]	Personal Proporty Tax 10. Name and Address of New Registered	Ves []No
9, Name and Address of Curren	it Registered Agent 81 Name	10. Name and Address of New Registered	Agent
ACCOUTING & TAX HELP, INC.		VINCENT MCCUNE	
8668 PARK BLVD.	82 Street	Arldress (P.O. Box Number is Not Acceptable)	
SUITE A	83	300 774	4.4
SEMINOLE FL 33777		390 67 HAVE SOUT	
	84 City	T. PETERSBURG FL	85 Zip Code
11. Pursuant to the provisions of Sections 607.050	a licanización col la política de la color	the control of the state of the	f changing its registered
office or registered agent, or both in the Start	of Florida, Such change was authorized by the corp. tions of Section 607 0505. Florida Statutes.	corporation submits tols statement for the purpose of location's hoard of directors. Thereby accept the appoint	intment as registered
1 11/-/1////	VINCENT MG	CUNE 1/291	99
SIGNATURE Signature, typed or printed name of registered agen	of and strend applicable (NOTE Registered Agent separators	require (with the cover).	
12. OFFICERS AN	ID DIRECTORS 13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	[] DELETE 1,1 THEF	PRESIDENT	[Change [Addition
NAME	1.2 NAME	VINCENT MCCUNE 2390 67" AVE SOUTH	
STREET ADDRESS	13 STREET ADDRESS	2340 67 TIVE SOUTH	22117
CITY-ST-ZIP	14 CHY-51-76	ST PETERSBURG FL 3	33772 [[Change []Addition
TITLE	[DELETE 2 1111LE		• • • •
NAME	2.2 NAME	200002770	
STREET ADDRESS		ו ממל מחל כית	11112122
1	2.3 STREET ADDRESS		
CITY-ST-ZIP	2.4 City-\$1-7iP	-02/09/99 - 1 ****150.00	****150.00
TITLE	2 4 C/TY-S1-7/P [] DELETE 31 TILLE		
TITLE NAME	2,4 C/TY-S1-7/P [] DELETE 3 I TILE 3 2 NAME	****150.00	****150.00
TITLE NAME STREET ADDRESS	2 4 City-S1-7/P 2 1 TULE 3 1 TULE 3 2 NAME 3 3 STREET ADDRESS	****150.00	****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 4 City - St - Zio E. J. DELETE 3 1 TILE 3 2 NAME 3 3 STREET ADDRESS 34 City - ST - Zio	****150.00	*****150.00 [Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	2.4 C/TY-ST-7/P 2.1 DELETE 3.1 TILE 3.2 NAME 3.3 STREET ADDRESS 34. C/TY-ST-ZP* () DELETE 4.1 T/LE	****150.00	****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	2.4 C/TY-ST-7/P 2.1 DELETE 3:1 TILE 3:2 NAME 3:3 STREET ANDRESS 34 C/TY-ST-ZP* 4:1 TILE 4:2 NAME	****150.00	*米米 150.00 [Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	2.4 C/TY-ST-7/P [] DELETE 31 TILE 32 NAME 33 STREET ADDRESS 4 C/TY-ST-7/P [] DELETE 41 TILE 4.2 NAME 4.3 STREET ADDRESS	****150.00	*米米 150.00 [Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	2.4 C/TY-ST-7/P 2.1 DELETE 3:1 TILE 3:2 NAME 3:3 STREET ANDRESS 34 C/TY-ST-ZP* 4:1 TILE 4:2 NAME	****150.00	*米米 150.00 [Change Addition

1. 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 trusted 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.

53 STREET ADORESS

5.4 City-St-ZiP

61 TITLE

[] DELETE

SIGNATURE: LA COMPA LA

1/29/99

727.458.5300 727-345.5800

[| Change

[| Addition