**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000095893

1. Corporation Name

## FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90128 025 \*\*\*150.00

SIANN	-MANCIAL MULUINGS, INC.									
Principal Place	e of Business	Ma	iling Address					) 18841861 tre 1840 (95tr pent, 2014 95tr 23tre 1810) Strei 1810 (1810 1811 181)		
535 CENTRAL AVENUE ST. PETERSBURG FL 33701			535 CENTRAL AVENUE ST. PETERSBURG FL 33701					DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualifed 11/10/1998		
Principal Place of Business     The Principal Place of Business			a. Mailing Address					4. FEI Number Applied For Sq - 3541681 Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired Security Status Desired		
22										
City & State			City & State					6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Zip	Country	28	Zip	Co	untry			8. This corporation owes the current year Intangible		
24	25		اسما		···· <b>,</b>			Personal Property Tax.		
	9. Name and Address of Current	29 t Regist						10. Name and Address of New Registered Agent		
				81	Name					
STARR, MICHAEL D						Street	Addre	ress (P.O. Box Number is Not Acceptable)		
535 CENTRAL AVENUE										
31.	PETERSBURG FL 33701				83					
					84	City		FL 85 Zip Code		
office or r	registered agent, or both, in the State of im familiar with, and accept the obligat	of Florid ions of,	a. Such change was at Section 607.0505, Flor	ithorize rida Sta	tutes	the corp	oration	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered		
	Signature, typed or printed name of registered agen					t signature	required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	OFFICERS AN	D DIKE	DELETE	113	TITLE		i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
T/TLE NAME	D Starr, Michael D				1.2 NAME			_ · -		
STREET ADDRESS	535 CENTRAL AVENUE			ı		TADDRESS				
CITY-ST-ZIP	AT OFTEDODUDO DI AAZAA				CITY-S			_		
TITLE	OT. TETERODORO TE GOTO:			_	TITLE		<del>                                     </del>	☐ Change ☐ Addition		
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STREET ADDRESS	ze= r 1 1 1		- , .	2.3 \$	STREET	T ADDRESS	-			
CITY-ST-ZIP					CITY-S	ST-ZIP				
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NAME					NAME.					
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CITY-ST-ZIP	_		□ nei ete		CITY-S	ST-ZIP	1	☐ Change ☐ Addition		
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NAME					NAME	TADODECC				
STREET ADDRESS						TADORESS T. 710				
C/TY-ST-ZIP T/TLE			☐ DELETE		CITY-S'	1-41	1	☐ Change ☐ Addition		
NAME					NAME					
STREET ADDRESS				5.3 8	STREET	T ADDRESS	1			
CITY-ST-ZIP.	W. S			5.4 (	CITY-S	T-ZIP	-	<u> </u>		
TITLE	Section 1		☐ DELETE	6.1	TITLE			☐ Change ☐ Addition		
NAME 7				6.2	NAME					
STREET ADDRESS	The state of the s			6.3	STREET	T ADDRESS	1			
CITY-ST-ZIP				6.4	CITY-S	T-ZIP				

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 or are reserved trustee impowered 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 an attachment with an address, with all other like empowered.

SIGNATURE: