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CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # POROGOOTS15

FILED Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90041 019 ***150.00

	toP, INC.		176	alling Address ISO U.S. 41 NORTH TZ FL 33549			DO NOT WRITE IN T		
							3. Date Incorporated or Qualifed 11/16/1998		
2 Principal S	Place of Busines		28.	Mailing Address			4. FEI Number	I Ac	oplied For
21	iaco di Dusilio.	13	26	, maining , maining			59-35V3378	 	ot Applicable
Suite, Apt.	. #, etc.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
City & Sta	de			City & State		-	6. Election Campaign Financing	\$5.00	May Be
23			28				Trust Fund Contribution		to Fees
Zip		Country	<u> </u>	ZIp	Count	у	8. This corporation owes the current year	r Intangible	ino Ì
24	9 Name a	nd Address of C	29	tered Agent	30		Personal Property Tax. 10. Name and Address of New Register		
		•			8	Name			
	IDEGNA, ROE 30 U.S. 41 N				8	2 Street Addr	ess (P.O. Box Number is Not Acceptable)	* * * * * * * * * * * * * * * * * * * *	1:31
	Z FL 33549				8	3		6.3 31 125 310	15.55
					8	4 City		85 Zip	1485 (1971)
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11. Pursuant office or	to the provision	ns of Sections 60's	7.0502 and 60 State of Florid	07.1508, Florida Statu la. Such change was Section 607.0505, Fi		1			registered gistered
11. Pursuant office or agent. I s SIGNATURE		printed marrie of registers		f applicable. (NOT	utes, the aborauthorized blorida Statute	ve-named corporations.	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its opcontment as re-	
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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 ennual report or supplemental annual report is true and focuse 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 empewered 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 attentional with per address, with all other like empowered.

SIGNATURE: _

SIGNATURE REQUIRED

SIGNATURE AND TAKED OR PRINTED HARRY OF SIGNAMO OFFICER ON DIRECTOR