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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000098092

1. Corporation Name

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90034 015 ***150.00

AMERILL	IMO, INC.				,							
Principal Place	e of Business	Mailing Address					118	#11 00 1 14 5 1016 1011	BRISH WENTE BONE I			EIIW (DIKW 1101 1001
1308 W. HORAT		1308 W. HORATIO ST.										
TAMPA FL 3360	06	TAMPA FL 33606						DO NO:	- \4/ 5 T - 3 7		0405	
						-	3 Date Inc	corporated or Qu	r WRITE IN T	MIS 21	PACE	
						'	11/18/					l
2. Principal Pl	lace of Business	2a. Mailing Address					4. FEI Nur	nber				Applied For
21		26 3225 S. Ma	c Di	11.	AVE		59	<u> 2559</u>	009		\Box	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4	5 Certifcat	te of Status Desi	red 🗆			5 Additional
22		27 Suite 12	925	<u>5 }</u>								Required
City & State	e - ~	City & State	F	-1	rida			Campaign Final and Contribution	ncing 🗆 -		\$5.6	May Be
23	Country	Zip Zip		untry	700			poration owes th	o current vos	r Intan		ed to rees
Zip	25	29 336 29	30	د کتا	S			poration owes th Il Property Tax.	e current yea		∐ Yes	Æ No
24	9. Name and Address of Curre		1201 .	<u> </u>		1		nd Address of	New Registe	red Ag	gent	
	•			81	Name							
	TIN, JOSEPH E			82	Street	Addrood	(P.O. Box	Number is Not A	ccentable)			
	B W. HORATIO ST.			02	Sueet	Audiess	(F.O. BOX	- INDIANOLA	cceptable)			
TAM	PA FL 33606			83								
				84	City						85 Z	ip Code
				اسا	City					FL	-	
44 Burguant	to the provisions of Sections 607 050	02 and 607 1508 Florida Statut	es the a	above-	-named	corporat	ion submits	this statement f	or the purpos	e of ch	anging	its registered
agent, I a	to the provisions of Sections 607.056 egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Section 607.0505, Fio	nua Sta	tutes.				this statement frectors. I hereby	or the purpos accept the a		nanging ment as	its registered registered
agent. I a	m familiar with, and accept the obligation of registered age	ent and title if applicable. (NOTE	: Registere	d Agent			en reinstating)		DAT	É		
agent, I a	m familiar with, and accept the obligation of registered age	ations of, Section 607.0505, Fio	: Registere	d Agent			en reinstating)	s this statement f rectors. I hereby NS/CHANGES 1	DAT	E S AND		CTORS IN 12
agent, I all	M familiar with, and accept the obligation of registered age OFFICERS AF	ations of, Section 607.0505, Fio ant and title if applicable. (NOTE ND DIRECTORS	: Registere 13.	d Agent			en reinstating)		DAT	E S AND	DIREC	CTORS IN 12
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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 the eceiver of 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: