## 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

## DOCUMENT # P98000098751

rincipal Place of Business	Mailing Address			
750 W LUMSDEN ROAD SUITE B BRANDON FL 33511	750 W LUMSDEN ROAD SUITE B BRANDON FL 33511			
2. Principal Place of Business	2a. Mailing Address			
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.			
n	26			

## **FILED** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90047 020 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/20/1998 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution This corporation owes the current year Intangible □No [Yes Personal Property Tax. 30 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SIERRA, MARK 82 Street Address (P.O. Box Number is Not Acceptable) 750 W LUMSDEN ROAD SUITE B 83 **BRANDON FL 33511** Zip Code 84 City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NO	TE: Registered Agent signature re	equired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD DELETE	1.1 TITLE			Change	☐ Addition
NAME	SIERRA, MARK	1.2 NAME			•	}
STREET ADDRESS	750 W LUMSDEN ROAD STE B	1.3 STREET ADDRESS		•		
CITY-ST-ZIP	BRANDON FL 33511	1.4 CITY-ST-ZIP				
TITLE	☐ DELETE	2.1 TITLE		•	Change	☐ Addition
NAME		2.2 NAME	· e ,		<u></u>	
STREET ADDRESS		2.3 STREET ADDRESS				
CITY-ST-ZIP		2.4 CITY-ST-ZIP				
TITLE	□ DELETE	3.1 TITLE			Change	Addition
NAME		3.2 NAME		•		
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		3.4. CITY-ST-ZIP				
TITLE	DELETE	4.1 TITLE			☐ Change	Addition
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS		•		
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<u></u>			
TITLE	☐ DELETE	5.1 TITLE	,		Change	☐ Addition
NAME		5.2 NAME				
STREET ADORESS		5.3 STREET ADDRESS		•		
CITY-ST-ZIP		54 CITY-ST-ZIP	<u> </u>			
TITLE	☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				
C/TY-ST-ZIP		6.4 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 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.

**SIGNATURE:**