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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 19, 1999 8:00am

**Secretary of State** 

02-19-1999 90041 020 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

i. Corporatio	INTERNATIONAL GROUP, I		JU64						
Principal Place of Business Mailing Address									II <b>0191 (891</b>
1026 BERRY AVE. N., STE. ONE 1026 BERRY AVE. N., STE. TAMPA FL 33603			N., STE, ONE	İ			DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualifed 12/01/1998	
2. Principal P	Place of Business	2a.	Mailing Add	ress					lied For
21		26	0.24						Applicable
Suite, Apt.	#, etc.	-	Suite, Apt. #	r, etc			. ســـــــ	5. Certificate of Status Desired Fee Reg	
22 City & Stat	ta .	27]	City & State						
23		28	Oily a Olate	•				6. Election Campaign Financing S5.00 N Trust Fund Contribution Added to	
Zip	Country	[20]	Zip		Country	_		This corporation owes the current year Intangible	100
24	25	29	•	30	]				No
<u></u> 1	9. Name and Address of Curren	11	tered Agent	100				10. Name and Address of New Registered Agent	
					81	Т	Name		
STEWART, MICHAEL					82		Street Addr	fress (P.O. Box Number is Not Acceptable)	
1026 BERRY AVE. N., STE. ONE				62 Street Add			TOO (1.0. DOX NOTION TO THE TOO PAGE OF	,	
TAMPA FL 33603					83				
					84		City	85 Zip Co	nde
					"		Oity	FL   S   E   S	
office or r	registered agent, or both, in the State in familiar with, and accept the obligation of printed name of registered ager	of Florid tions of	da. Such char , Section 607.	nge was autho .0505, Florida	orized by Statutes	th:	ie corporatio	poration submits this statement for the purpose of changing its reion's board of directors. I hereby accept the appointment as regined when reinstating)	stered
12.	OFFICERS AN	D DIRE	CTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12
TITLE	D			ELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	FALLON, MICHAEL F				1.2 NAME				į
STREET ADDRESS					1.3 STREE	T AC	DDRESS	1	1
CITY-ST-ZIP	SEMINOLE FL 34772				1.4 CITY- S	T-Z	ZIP		
TITLE	D			ELETE	2.1 TITLE			☐ Change	Addition ]
NAME	FALLON, F.S. JR.	_			2.2 NAME				[
STREET ADDRESS		:			2.3 STREE				
CITY: ST:ZIP	TAMPA FL-33603			ACLETE	2.4 CITY-5	ST-2	ZIP	Change	☐ Addition
TITLE	D STEMADT MICHAEL		Ü	ELETE	3.1 TITLE		1	☐ Change	Addition
	STEWART, MICHAEL P.O. BOX 260084 N/A				3.2 NAME	<b>.</b>	000000		
	TAMPA FL 33685-0084				3.3 STREET				
CITY-ST-ZIP TITLE	TANIFA I E 00000-0004			DELETE	3.4. CITY-S 4.1 TITLE	51-4	ZIP	[] Change	Addition
NAME			٠		4.2 NAME			La Ortango	
STREET ADDRESS					4.3 STREET	TAF	DDRESS	•	}
CITY-ST-ZIP					4.4 CITY-S				
TITLE				ELETE	5.1 TITLE			☐ Change	Addition
NAME					5.2 NAME				1
STREET ADDRESS					5.3 STREET	TAC	DORESS		Ì
CITY-ST-ZIP					5.4 CITY-S	T-Z	ZIP		
TITLE				ELETE	6.1 TITLE			☐ Change	Addition
NAME					6.2 NAME				
STREET ADORESS					6.3 STREET	TAE	DDRESS		

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 suppliemental 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 to an an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

EMEQUIRED