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**

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90130 003 ***150.00

DOCUMENT # P98000100612

DAVE TISHUK FINANCIAL SERVICES, INC.

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Principal Place	e of Business	Mailing Address				iğli bğili oblio b		ĮI.
200 14TH AVENUE NORTH ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701			DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualifed			
					12/03/1998			
2. Principal P	face of Business	2a. Mailing Address		1.000	4. FEI Number	\mathcal{I}	Applied For	
21 336	0 315 7+N	26			4. FEI Number 3546569	7	Not Applica	ble
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	•	75 Additional	ŧ
27				J. Contracto di Gialda Desireo		e Required		
City & Stat	Eteksburg, FL	City & State			6. Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees	
Zip	Country	Zip	Country	G. This obspectator, offee dations your interigrant			Ì	
24 337	713 25 USA	29 30	L		Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regist	ered Agent		
	NZ DAIGD		81	Name				
TISHUK, DAVID		82	Street Addre	dress (P.O. Box Number is Not Acceptable)				
	14TH AVENUE NORTH			<u> </u>				
SI. P	PETERSBURG FL 33701		83					
			84	City		85	Zip Code	\dashv
				'		FL	•	
l office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State or me familiar with, and accept the obligation	f Florida. Such change was autho	orized by	the corporation	oration submits this statement for the purpo n's board of directors. I hereby accept the a	se of changing appointment a	g its registere is registered	bt
SIGNATURE								- [
SIGNATIONE	Signature, typed or printed name of registered agent			nt signature required				
12.	OFFICERS AND		13.	 -	ADDITIONS/CHANGES TO OFFICER			
TITLE	D	☐ DELETE	1.1 TITLE			☐ Char	nge 🗌 Add	Juon
NAME	TISHUK, DAVID		1.2 NAME					
STREET ADDRESS	200 14TH AVENUE NORTH			TADORESS				
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NAME			2.2 NAME					
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NAME			6.2 NAME					1
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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 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 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 changes, or on an attachment with an address, with an other like empowered.

SIGNATURE: