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 # P98000100748 1. Corporation Name

HUPP & BRACIAK, INC.

Principal Place of Business Mailing Address				•			() 88:8: 6 89	101 60 111 (00 11 0 10	141 1611 1661
607 WEST BAY	ST.	607 WEST BAY ST.	07 WEST BAY ST.						
TAMPA FL 33606	6	TAMPA FL 33606	ampa Fl 3 <u>36</u> 06			DO NOT WRITE IN THIS SPACE			
		•••			L	3. Date Incorporated or Qualifed		OF AGE	
						· _	•		
6 04-4-10	Land Dunings	2a. Mailing Address				11/30/1998 4. FEI Number	-	Apr	olied For
· · ·	lace of Business	⊢ •				59-35407	/ /	_ 	Applicable
21	Ж	Suite, Apt. #, etc.				34 33407	<u> </u>	\$8.75 A	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired		Fee Rec	
City & State City & State						6. Election Campaign Financing		\$5.00 N	May Be
23						Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Countr	у		8. This corporation owes the cu	rent year Int		_
24	25 29 30				r ersonar reporty rex.			□No	
Name and Address of Current Registered Agent						10. Name and Address of New	Registered	Agent	
			8.	1 Name					Į.
HUPP, ANDREW				2 Street Ad	ddress	s (P.O. Box Number is Not Accep	table)		
607 WET BAY ST				600	7		rect	,	
TAMPA FL 33606				3		,			
			84	4 City		, <u>, , , , , , , , , , , , , , , , , , </u>		85 Zip C	ode
. A							F <u>L</u>	. _	
office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obliget	f Florida. Such change was autho payor, Section 607.0505, Florida	Statute	ve-named co y the corpora s.	ation's	s board of directors. I hereby acc	e purpose of ept the appoi	changing its interest as reg	registered gistered
SIGNATURE	Signature, typed or printed name of pedistered agent		istered Ag	ent signature req	quired wi	hen reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO O	FFICERS AN		
TITLE	DPST	□ p€reine	1.1 TITLE					Change	Addition
NAME	HUPP, ANDREW	\circ	1.2 NAME						
STREET ADDRESS	745 BAY ESPLANADE		1.3 STRE	ET ADDRESS	- 1	_			
CITY-ST-ZIP	TY-ST-ZIP CLEARWATER FL 33629			ST-ZIP	Cle	earwater, FL 3:	37 <u>67</u>		
TITLE .		☐ DELETE	2.1 TITLE			,		Change	☐ Addition
NAME			2.2 NAME						
STREET ADDRESS			2.3 STRE	ET ADDRESS					1
CITY-ST-ZIP			2.4 CITY	ST-ZIP					
TITLE		DELETE -	3.1 TITLE				,,	· Change	Addition
NAME			3.2 NAME	:			•		1
STREET ADDRESS			3.3 STRE	ET ADDRESS					
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					
τιτι.Ε		☐ DELETE	4.1 TITLE					☐ Change	☐ Addition
NAME			4. 2 NAM	E					Ì
STREET ADDRESS		,	4.3 STRE	ET ADDRESS					
CITY-ST-ZIP			4.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE	-				☐ Change	Addition
NAME .			5.2 NAME	:					

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 trastee 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 attachapent with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

☐ Change

☐ Addition

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90100 007 ***150.00