## 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 # P98000102520 1. Corporation Name

EDWARD J. OLSEN, PA

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

04-30-1999 90110 017 \*\*\*150.00

	<u> </u>									
Principal Place of Business Mailing Address								(	2010 (	
100 SNELL ISLE BLVD. NE 800 SNELL ISLE BLVD. N								•		
ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704								DO NOT WRITE IN TH	IS SPACE	
							H	3. Date Incorporated or Qualifed	O OI NOL	
							ļ	12/07/1998		ļ
2. Principal Place of Business 2a, Mailing Address								4. FEI Number	- Ar	plied For
<u></u>								59-5283660	<del>_</del> ⊢+-`	ot Applicable
21   26   Suite, Apt. #, etc.   Suite, Apt. #, etc.					<del></del>			<u> </u>		Additional
¬, -,			site, Apt. #, etc.					5. Certifcate of Status Desired	4	equired
City & State			City & State					6. Election Campaign Financing	\$5.00	May Be
<del></del>			28					Trust Fund Contribution		to Fees
23	Zip Country			Zip Country				8. This corporation owes the current year	intangible	
24	25 29 3			_	¬ ´			Personal Property Tax.	Dires	'□No
	9. Name and Address of Curre			7				10. Name and Address of New Registers	d Agent	
					81	Name				
ZEOLI, S	Sebastian Jr				_			(D.O. Day Niverbox in Not Assessful -)		
8413 JACARANDA AVENUE NO					82 Street Addr			s (P.O. Box Number is Not Acceptable)		
LARGO	FL 33777				83					
					84	City		F	85 Zip	Code
office or regi agent. I am f	he provisions of Sections 607.05 stered agent, or both, in the State amiliar with, and accept the obliga	of Florida	. Such change was aut	horized	bv 1	tne corpoi	corpora ration's	tion submits this statement for the purpose s board of directors. I hereby accept the ap	of changing its pointment as re	registered egistered
SIGNATURE	nature, typed or printed name of registered ago	ent and title if a	pplicable. (NOTE: F	Registered	Agen	it signature ra	quired w	nen reinstating) DATE		
12.	OFFICERS A	ND DIREC	TORS	13.				ADDITIONS/CHANGES TO OFFICERS		
TITLE			☐ DELETE 1.1			1.1 TITLE		ward to olsen	☐ Change	Addition
NAME			1.2 N		1.2 NAME		1.C.	ZESI DELL		•
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CITY-ST-ZIP				1.4 CITY-		T-ZIP	4	T. POYTER BURLOVA	33	
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NAME				2.2 N	2 NAME . 4		$\leq$	ECTRETARY		
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CITY-ST-ZIP				2.4 C	TY-S	iT-ZiP	LA	260, FL 33777		
-TITLE -			☐ DELETE	3.1 π	LE				Change	☐ Addition
NAME				3.2 NA	ΜE					
STREET ADDRESS				3.3 ST	REET	ADDRESS				
CITY-ST-ZIP				3.4. CI	TY-S	T-ZIP				
TITLE			☐ DELETE	4.1 317	LE			•	Change	☐ Addition
NAME				4, 2 N	<b>ME</b>					
STREET ADDRESS	1			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP				4.4 CI	[Y-\$1	T-ZIP				
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NAME				5.2 N	ME					
STREET ADDRESS				5.3 ST	REET	T ADDRESS				
CITY-ST-ZIP				5.4 CI	ry-si	T- ZIP		C C		
TITLE			☐ DELETE	6.1 TI	ΠE				Change	Addition
NAME				6.2 N/	ME					
STREET ADDRESS				6.3 ST	REET	T ADDRESS				
l l	,			6.4 CI		- 1				
CITY-ST-ZIP 1				J	. •					

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 or an attachment with an address, with all other like empowered.

SIGNATURE: