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 # P98000103173

1. Corporation Name

TIMA ENTERPRISES INC

Principal Place of Business	Mailing Address
9125 SWISS BLVD.	9125 SWISS BLVD.

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90100 048 ***150.00

Principal Plac	e of Business	Mailing Address						
9125 SWISS BLY	VD.	9125 SWISS BLVD.						
PUNTA GORDA	FL 33982	PUNTA GORDA FL 33982				DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualifed		
	ست در مسر پہلے ہے		~- -		~	12/07/1998		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	At At	plied For
27 6101	Duncan Kd. ##	26						ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22 7	6	27						equired
Cfty)& Star		City & State				6. Election Campaign Financing		May Be to Fees
23 Y W	ta Gorda, th	28 Zip	Cor	intry	`	Trust Fund Contribution		to rees
Zip	22007 33 1151	<u> </u>		ли у		This corporation owes the current year In Personal Property Tax.	Trangible ☐ Yes	No
24 + .	9. Name and Address of Current	29 29 Agent	30	т		10. Name and Address of New Registere		<u> </u>
	5. Name and Address of Current	. registered rigeri		81	Name			
DAUG	GHTRY, CHRISTINA M			_				
	SWISS BLVD.			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
PUNT	TA GORDA FL 33982			83				
i .				<u>_</u>			 1 7:-	0-4-
ļ				84	City	F	85 Zip	Code
agent. I a	arm familiar with, and accept the obligat					red when reinstating) DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	D	☐ DELETE	1.1 T	ITLE			Change	☐ Addition
NAME	DAUGHTRY, CHRISTINA M		1.2 N	AME				
STREET ADDRESS	9125 SWISS BLVD.		1.3 S	TREET	ADDRESS			
CITY-ST-ZIP	PUNTA GORDA FL 33982		_	ΠY-5	T-ZIP			C Addition
TITLE		☐ DELETE	2.1 T				Change	Addition
NAME			2.2 N				. ــــــ ند ـ	~,-
STREET ADDRESS	5				ADDRESS	•		
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NAME OTREET AROPEON					T ADDRESS			
STREET ADDRESS					T-ZIP			
TITLE		☐ DELETE	4.1 T		,, <u>L</u> II		Change	Addition
NAME				VAME.				
STREET ADDRESS			- 1		TADDRESS			
CITY-ST-ZIP	[•	ITY-S				
TITLE		☐ DELETE	5.1 T	_			☐ Change	Addition
NAME			5.2 N	AME				
STREET ADDRESS	State of the State		5.3 \$	TREE	TADORESS			
CITY-ST-ZIP;				ITY-S	T-ZIP			
TITLE J		☐ DELETE	6.1 T	ITLE			Change	☐ Addition
NAME			6.2 N					
STREET ADDRESS			620	TDEET	TADDRESS			
OTTACE TABOTALOG	9		0.5 \$	III	, 201200			

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.