PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000104688 1. Corporation Name

RUSS GROUP, INC.

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90053 023 ***158.75



Principal Place	e of Business	Mailing Address		S THE LEGICA AND SPERIA BRICA	() 68 (9) 68 (8) () (8)	// GIBID EXIBI (BI	01 071 001
1724 TROPICANA	A WAY	1724 TROPICANA WAY					
VALRICO FL 335	94	VALRICO FL 33594		DO NOT	WRITE IN THIS	SPACE	
				3. Date Incorporated or Qua	<u> </u>		_
· 				12/17/1998			Í
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number		App	lied For
21 253 (Center Ct.	26 P.O. BOX	1996	59-3561	386.	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desir	ed 📆	\$8.75 A	
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City & State	e 	City & State	٠ , سو	6. Election Campaign Finan	cing 🖂	\$5.00	,
23 VEN	CE, FL	28 VENICE	Country	Trust Fund Contribution		Added to	rees
Zip	Country CACACATA	Zip 29 34 284	30 SARASOTA	This corporation owes the Personal Property Tax.	current year inta		M No
24 34 24	9. Name and Address of Current		30 3 PK 73 30 1 1	10. Name and Address of N	lew Registered A		
	9. Name and Address of Current	Registered Agent	81 Name		2	•	
LANS	KY, GLEN R		6	ARIANE E K	250		
GRIFFIN & ASSOCIATES, P.A.			82 Street Ad	idress (P.O. Box Number is Not Ac		•	ĺ
	DAKFIELD DR., STE. F		83	S W TISPERINC	1442		-
	IDON FL 33511						
)			84 City	FNICE	FL	85 Zip C	292.
44 Dussiant	to the provisions of Sections 607.0502	and 607 1508 Florida Statu	ites the above-named co	rnoration submits this statement for	r the purpose of o	changing its	registered
office or n	egistered agent, or both, in the State o	of Florida. Such change was	authorized by the corpora	ation's board of directors. I hereby	accept the appoin	ntment as rec	jistered
agent. I a	m familiar with, and accorpt the obligati	ions of Section 607.0505, FI	lorida Statutes.		3/00	100	
SIGNATURE	Shinature, typed or printed name of registered agent	Land the if applicable (NO)	TE: Registered Agent signature requ	ired when reinstating)	DATE	199	\
		gird tite ii applicable. (NO	TE. Tregistered Agent agrandre rode			D DIDEOTO	
1 12	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO	O OFFICERS ANI	D DIKECTO	RS IN 12
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO	OFFICERS ANI	Change	RS IN 12
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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 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.

6.4 CITY-ST-ZIP