**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000106351

1. Corporation Name

OFF-SITE RESOURCES, INC.

## **FILED** May 03, 1999 8:00 am Secretary of State

05-03-1999 90042 042 \*\*\*150.00



Principal Place of Business Mailing Address						7		Tri Marca Bridge corne Art	(B) 1481 1881
3202 W. FIELDER STREET 3202 W. FIELDER STREET TAMPA FL 33611 TAMPA FL 33611						DO NOT WE	RITE IN T	HIS SPACE	
						3. Date Incorporated or Qualifect			
						12/23/1998	•		
Principal Place of Business 2a. Mailing Address						4. FEI Number			lied For
	•					59- 35594	UI	— <u> </u>	Applicable
21 <b>406</b> Suite, Apt. #,	<u>Janube</u>	26 406 5A Suite, Apt. #, etc.	MOBO			1 335	• • •	\$8.75 Ad	
	, etc.					5. Certifcate of Status Desired		Fee Reg	
City & State		City & State				6. Election Campaign Financing		\$5.00 N	<u>-</u>
<b>⊢</b> -	- F	— <u>—</u> .	<b>a</b> .			Trust Fund Contribution	' <sub>□</sub>	Added to	
23 tam	Country	Zip Zip	Cou	ntry		8. This corporation owes the cu	ment vea		
24 3360		<u> </u>		طداا	-a	Personal Property Tax.	Tent year		□No
24 3 200	9. Name and Address of Currer		30 6	1130	<u> </u>	10. Name and Address of New	Register	red Agent	_
	5. Italie and Address of Curren	it registered rigent		81 Na	me				
NRAI SERVICES, INC.									_
526 E. PARK AVE.				<b>82</b> Str	eet Addre	et Address (P.O. Box Number is Not Acceptable)			
	HASSEE FL 32301			83					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					_			
				84 Cit	į.			FL 85 Zip C	ode
					<del></del>				- aistored
office or rec	the provisions of Sections 607.050 gistered agent, or both, in the State familiar with, and accept the obliga	of Florida, Such change was	authorized	hy the c	orporation	's board of directors. I hereby acc	ept the ap	pointment as reg	istered
SIGNATURE _			·	<u> </u>		when reinstating)	DATE		
	Ignature, typed or printed name of registered age	IND DIRECTORS	13.	Agent signa	rnue Ledinisea	ADDITIONS/CHANGES TO O			2S IN 12
12.	OFFICERS AI	DELETE	1.1 TD	1.5	04		TIOLING	Change	Addition
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NAME			I.			6 DANUBE	., .		
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NAME	ı		2.2 NA ~		l			- د چاسسون	
STREET ADDRESS			2.3 \$T	REET ADDR	ESS				
CITY-ST-ZIP				TY-ST-ZIP					- Addition
TITLE		☐ DELETE	3.1 T11	LE				☐ Change	☐ Addition
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 ST	REET ADOR	ESS	,			
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	i state . with		6.2 NA	ME					
	inger ( F. Mari		6.3 57	REET ADDR	ESS				
CITY ST 710	-			TY-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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**