**PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9900000018

1. Corporation Name

Principal Place of Business 529 TABERNCALE PL AMPA FL 33807	Mailing Address 3529 TABERINCALE PL TAMPA FL 33607			E IN THIS SPACE	
			3. Date Incorporated or Qualifed		
2. Principal Place of Business	2a. Mailing Address		12/31/1998 4. FEI Number	Ар	olied For
21	26				Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75 A	
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip Country	Zip	Country	This corporation owes the curre     Personal Property Tax.	nt year Intangible	□No
24 25 9. Name and Address of Current	29 30 30 Registered Agent	<del></del>	10. Name and Address of New R		
9. Name and Address of Content	Kediena vila	81 Name			
NADAL, MARK Z 3529 TABERNCALE PL		82 Street Address (P.O. Box Number is Not Acceptable)			<u>.</u>
TAMPA FL 33607		83			
		l .l			
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the	84 City as above-named corpo	oration submits this statement for the	Purpose of changing its	
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent, I am familiar with, and accept the obligation. SIGNATURE Signature, typed or printed negotial department agent.	and title if applicable: (NOTE: Regist	ne above-named corporation is above-named corporation is a corporation is a corporation is a corporation in the corporation in the corporation is a corporation in the corp	when reinstating)	purpose of changing its the appointment as reg	registered pistered
SIGNATURE Signature, typed or printed next of Appletured agent	and tide if applicable: (NOTE: Regist) DIRECTORS 1	se above-named corporation in the corporation in th		purpose of changing its the appointment as ref	registered pistered
SIGNATURE Signature, typed or printed need of distance again  12. OFFICERS AND  TIME PESIDENT	and bits if applicable: (NOTE: Regist) D DIRECTORS 1	ne above-named corporation is above-named corporation is a corporation is a corporation is a corporation in the corporation in the corporation is a corporation in the corp	when reinstating)	purpose of changing its the appointment as reg	registered pistered
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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 eath; 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.

5.4 CITY-ST-ZP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

SIGNATURE: \_

CITY-ST-ZXP

STREET ADDRESS

CITY-ST-ZP;

NAME

SIGNATUS AND TYPES OF PRINTED HAVE OF SIGNAMS OFFICER OR DIRECTOR

DELETE

☐ Change

☐ Addition

**FILED** 

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90067 039 \*\*\*155.00