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

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90103 044 ***150.00

DOCUI 1. Corporation	MENT # S13784						
SAFFRO		•					
SAFFROI	110, 1110.					RIEL COCIL GIBIL BIBLO BIBLI	01911-01051-1091
	1						
Principal Place	of Business	Mailing Address				Ridt Billte attit diftt andit	BIBIL BIBIL 1881
% EDYTH JAMES % EDYTH JAMES							
1700 PARK STREET N. 1700 PARK STREET N.							
ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
		<u> </u>			11/13/1990 4. FEI Number		pplied For
2. Principal Place of Business 2a. Mailing Address					59-3034230		ot Applicable
21 26			<u> </u>			\$8.75	Additional
22 27					5. Certifcate of Status Desired	1 1	equired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	<i>y</i>	8. This corporation owes the currer	it year Intangible	
24	25	29 30	0		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent		, 	10. Name and Address of New Re	gistered Agent	
	-0 50/71		81	Name			
JAMES, EDYTH				Street Ac	ddress (P.O. Box Number is Not Acceptab	le)	
1700 PARK STREET N.				<u> </u>			
ST. PETERSBURG FL 33710				1			ļ
			84	City 2	•	85 Zip	Code
		·		<u>.L</u>	A 5- 4	FL 83 Zip	n registered
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	and 607.1508, Florida Statutes f Florida. Such change was auth	nonzed by	re-namedica / tiple compora	orporation submits this statement for the pation's board of directors. I hereby accept	the appointment as re	egistered
agent. I as	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	la Statute			10/00	- 1
SIGNATURE			egistered Apr		ured when reinstating)	DATE / 1	\
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	7	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECT	ORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	UT		Change	
NAME	JAMES, EDYTH		1.2 NAME	-			}
STREET ADDRESS	6501 34 TERR N.		1.3 STREE	T ADDRESS			J
CITY-ST-ZIP	ST. PETERSBURG FL 33710		1,4 CITY-	ST-ZIP			
TITLE	VP	☐ DELETE	2.1 TITLE	-		☐ Change	Addition
NAME	HENRY, LEONARD		2.2 NAME				
*STREET ADDRESS	6501 34 TERR N		2.3 STREE	T ADDRESS	And the second s		.)
CITY-ST-ZIP	ST. PETERSBURG FL 33710		2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE	[-		☐ Change	Addition
NAME	,		3.2 NAME				
STREET ADDRESS			3.3 STREE	ET ADDRESS			
CITY-ST-ZIP			3.4, CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME	:			,
STREET ADDRESS		•	4.3 STREE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-			Change	Addition
TITLE		☐ DELETE	5.1 TITLE				- Language
NAME .	· . · . · .	-	5.2 NAME		•		
STREET ADDRESS	•		5.3 STREE	· ·			
CITY-ST-ZIP		☐ DELETE	5.4 CITY-			Change	Addition
TITLE		□ percic	6.2 NAME	1		C. Stange	

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 section 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 a state that my name appears in the same legal effect as if made under oath; that I am an officer or director of the corporation or the section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certificate in Section 119.07(3)(ii), Florida Statutes.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS