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 # S21341

BUSINESS/PERSONAL INCOME TAX & ACCOUNTING SERVIC E. INC.

Principal Place of Business	Mailing Address
4101 63RD STREET NORTH	4101 63RD STREET NORTH
ST. PETERSBURG FL 33709-5037	ST. PETERSBURG FL 33709-5037

FILED Feb 19, 1999 8:00 am **Secretary of State**

02-19-1999 90080 006 ***150.00



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Principal Place of Business Mailing Address											
			01 63RD STREET NORTI . PETERSBURG FL 3370				DO NOT WRITE	IN THIS S	PACE		
							3. Date Incorporated or Qualifed 12/24/1990		17102		
2 Principal B	lace of Business	28	, Mailing Address				4. FEI Number			Applie	ed For
–	lace of Edulicas	26					59-3044879			Not A	pplicable
Suite, Apt.	# etc	- 20,	Suite, Apt. #, etc.			•	5 Certificate of Status Desired [7	\$8.7		
,	.,,	27					5. Certifcate of Status Desired L	<u> </u>	Fee	Requ	ired
City & Stat	le		City & State				6. Election Campaign Financing	7	•	00 ма	- 1
23		28					Trust Fund Contribution			ed to f	ees
Zip	Country		Zip	Cou	ıntry		8. This corporation owes the current			_	1
24	25	29	<u>.</u>	30			Personal Property Tax.		Yes	<u> </u>	No
	9. Name and Address of Curre	nt Regi	stered Agent		<u> </u>	, ,	10. Name and Address of New Reg	istered A	gent		
					81	Name					
	NCER, KENNETH				82	Street Addre	ess (P.O. Box Number is Not Acceptable	9)			
4101 63RD STREET NORTH											
ST.	PETERSBURG FL 33704				83						
					84	City			85 4	Zip Co	de
								FL		a ita sa	gistered
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	וחחודותים	na suon chande was a	441111112 5	u vy	uie corporate	oration submits this statement for the pun's board of directors. I hereby accept the	ne appoint	ment a	s regis	itered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title	if applicable. (NOT	E: Registere	d Ager	nt signature required	when reinstating)	DATE			
12.	OFFICERS A			13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			S IN 12
TITLE	PD		☐ DELETE	1.1 T	ΠLE				Chai	nge	Addition
NAME	SPENCER, KENNETH			1.2 N	IAME						
STREET ADDRESS	4101 63RD ST. NO.			1.3 5	TREE	TADORESS					,
CITY-ST-ZIP	ST. PETERSBURG FL			1.4 (ITY-\$	T-ZIP			Char		Addition
TITLE	T		☐ DELETE	2.1 1	TLE				☐ Chai	nge	Addition
NAME	SPENCER, KENNETH			2.2 N	IAME	[ĺ
STREET ADDRESS	4101 63RD ST. NO.			2.3 5	TREE	T ADDRESS					
CITY-ST-ZIP	ST. PETERSBURG FL			2. 4	CITY-S	ST-ZIP		_ : •	<u>.:</u>		- Addition
TITLE	S	_	☐ DELETE	3.11	ITLE				☐ Cha	nge	Addition \
NAME	SKALSKI, JOSEPH C.			3.21	AME						ļ
STREET ADDRESS	s 13770 58TH ST. NO. #303			3.3 8	TREE	TADDRESS					
CITY-ST-ZIP	CLEARWATER FL			3.4.	СПҮ-	ST-ZIP					Addition
TITLE			☐ DELETE	4.11	TITLE				Cha	nge	Mudition
NAME				4. 2	NAME						
STREET ADDRESS	s			4.3 8	STREE	TADDRESS					
CITY-ST-ZIP				4.4 (CITY-S	ST-ZIP			- Cha		Addition
TITLE			☐ DELETE		TITLE				☐ Cha	nge	- MODITION
NAME				1	NAME						
STREET ADDRES	s					T ADDRESS					ļ
CITY-ST-ZIP						ST-ZIP			□ Cha		Addition
TITLE			☐ DELETE		TITLE				☐ Cha	unge	
NAME				1	NAME				•		!
	_ا			6.3	STREE	T ADDRESS					

6.4 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 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: