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PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # \$27656



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90185 012 ***150.00

LARRY I	K. MEYER, P.A.						
Principal Plac	ce of Business	Mailing Address			T (BEILERIB LIN LINI) INDIA DIVAL DIVAL DIVAL DIVAL	III DIDII DIDII DIDII DIDII DIBII	#
611 DRUID RD		611 DRUID RD E					
107	-	107					
CLEARWATER FL 34616 CLEARWATER FL 34616					DO NOT WRITE I	N THIS SPACE	
US		US			3. Date Incorporated or Qualifed		
- 5' ' ' '		1 0 M-21 A-1			01/25/1991		
	Place of Business	2a. Mailing Address			4. FEI Number	⊢ ∔	ot Applicable
21 Suita Ant	# ata	Suite, Apt. #, etc.			59-3114900		Additional
Suite, Apt.	. #, etc.	27 Suite, Apr. #, etc.			5. Certifcate of Status Desired	T	Required
City & Star	te	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	,	to Fees
Zip	Country	Zip	Cour	itry	8. This corporation owes the current	year Intangible	
24 3375	25	29 <i>33756</i> 31	0		Personal Property Tax.	Yes	No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Regi	stered Agent	
1454	YED LADOV V			81 Name			
	'ER, LARRY K.		 	82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
611 DRUID RD E SUITE 107							
				83			
· CLE	ARWATER FL 34616			84 City		85 Zip	Code
-				1 1			
SIGNATURE		LAC V < 5 - LARP Int Ind title if applicable. ND DIRECTORS	distance /	gent signature require	poration submits this statement for the purion's board of directors. I hereby accept the purion of directors are purion of the purion of directors. I hereby accept the purion of the purion of directors are purion of the purion		
TITLE	DCP			£		☐ Change	
NAME	MEYER, LARRY K.		1.2 NAM	AE .			
STREET ADDRESS	ALL BOUND DD F AUSTE 407		1.3 STR	EET ADORESS			
CITY-ST-ZIP	CLEARWATER FL		1.4 CIT	Y-ST-ZIP			
TITLE	V	☐ DELETE	2.1 TITU			Change	Addition
NAME	STEPHEN G. WATTS		2.2 NAA	AE			
STREET ADDRESS	444 BOURD BB C ALITTE 447		2.3 STR	EET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL		1	Y-ST-ZIP			
TITLE		☐ DELETE	3.1 TITL			☐ Change	☐ Addition
NAME			3.2 NAA	Æ			
STREET ADDRESS			3.3 STR	REET ADDRESS			
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP			
TITLE		☐ DELETE	4.1 TTL			Change	Addition
NAME			4. 2 NA	ME			
STREET ADDRESS	s)		4.3 STR	REET ADDRESS			
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP			endamental and employed ""
TITLE		☐ DELETE	5.1 TITE	E		☐ Change	☐ Addition
NAME			5.2 NAM	AE .			
STREET ADDRESS	5		5.3 STR	EET ADORESS			
CITY-ST-ZIP				r-ST-ZIP			
TITLE		☐ DELETE	6.1 TITL	E		☐ Change	Addition
NAME	1		6.2 NAM	AE			
STREET ADDRESS			6.3 STF	REET ADDRESS			

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

SIGNATURE:

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ウュフ- 442-552/a Daytime Phone #

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