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

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90171 018 ***150.00

 Corporation 	MENT # S29026 Y ROAD, INC.						
Principal Place	e of Business	Mailing Address			T (BAITATA TIA TANTA SALII AANIA TIATA AIST AIAN	85811 WIWII W1811 I	1(0)(0)0) (00)
11900 STARKEY		11900 STARKEY RD			· .		
LARGO FL 34643 LARGO FL 34643					,		
					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed 02/01/1991		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		plied For
21		26			59-3060421		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 / Fee Re	
22		27					
City & State	е	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added	IO Fees
Zip			Country		8. This corporation owes the current year in	Tanguole Tayes	□No
24	9. Name and Address of Current		0		Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Current	r vadistelen Wäsilt	81	Name	10. Italio alla Pagrosa di Itali Pagrosa		
GRE	ENBERG, JOANNE						
17606 LEE AVENUE			82	Street Addi	ress (P.O. Box Number is Not Acceptable)		
REDINGTON SHORES FL 33708			83		···		
			84	City	· Fi	85 Zip	Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was aut	norizea by	the corporation	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	f changing its intment as re	registered gistered
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	tegistered Agen	t signature require	ed when reinstating) DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE			1.1 TITLE			Change	Addition
NAME	GREENBERG, LEONARD		1.2 NAME				1
STREET ADDRESS	17606 LEE AVE		1.3 STREET	ADDRESS			1
CITY-ST-ZIP			1.4 CITY-S	T-ZIP		Change	Addition
TITLE	,,,,		2.1 TITLE			Change	☐ Addition
NAME	GREENBERG, JOANNE		2.2 NAME		•		
STREET ADDRESS	17606 LEE AVE		2.3 STREET				
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP		☐ Change	Addition
TITLE	PD		3.1 TITLE 3.2 NAME				
NAME	Greenberg, Joanne 17606 Lee Ave			ADDDESS			
STREET ADDRESS	REDINGTON SHORES FL		3.3 STREET	1			
CITY-ST-ZIP	REDINGTON SHORES FL	☐ DELETE	3.4. CITY-S 4.1 TITLE	11-217		☐ Change	Addition
TITLE			4. 2 NAME			_ ,	_
NAME CAREET ADORESS			4.2 TOWNE	L VUDBESS			
STREET ADDRESS			4.4 CITY-S				
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	5.1 TITLE	, _,		Change	Addition
NAME			5.2 NAME		•		
STREET ADORESS			5.3 STREE	ADDRESS	•		{
CITY-ST-ZIP			54 CITY-S	T-ZIP			1
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				}
STREET ADDRESS			6.3 STREE	T 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 a other like empowered.

SIGNATURE

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE ON DIRECTOR

10/9 813-536-1921