PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # S31716



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90070 016 ***150.00

HARRELL MANAGEMENT GROU	3F, 1140.						
Principal Place of Business	Mailing Address			1 (88)(8:0 (88) (4)(6) (103) (888)	ILBIQ BILL BEBIL QU	A11 B1831 A1211 B	1811 B1811 1891
100 N. TAMPA STREET	100 NORTH TAMPA STREET	Ī					
SUITE 3540 SUIT E3540						00105	
TAMPA FL 33602 TAMPA FL 33602					ITE IN THIS	SPACE	
US	US			3. Date Incorporated or Qualifed	1		ļ
	T			02/14/1991			oliod For
2. Principal Place of Business	2a. Mailing Address			4. FEI Number			olied For
21	26		<u> </u>	59-3052058		\$8.75 A	Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Fee Re	I
22	City & State			2 - Floring Complete Financing		\$5.00	<u></u> -
- City & State	City & State			 6. Election Campaign Financing Trust Fund Contribution 		Added to	
Zip Country		Country		8. This corporation owes the cur	rrent year Inta		
-	— · ·	30		Personal Property Tax.	none your ma	Yes	□No
24 25 25 Name and Address of C		301		10. Name and Address of New	Registered A	gent	
B. Hame and Medical of		81	Name				
HARRELL, CECIL S			0	(D.O. Day March as in Not Asses	toblo)		
100 N TAMPA STREET		82	Street Add	tress (P.O. Box Number is Not Accep	(able)		
SUITE 3540		83		<u> </u>			
TAMPA FL 33602						1 L == 2	
		84	City		FL	85 Zip (Code
11, Pursuant to the provisions of Sections 60	7.0502 and 607.1508, Florida Statute	s, the abov	e-named cor	ine's board of directors. I boroby acc	ant the annair	itment ac re	nistered l
office or registered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE	State of Florida, Such change was au obligations of, Section 607.0505, Flori	ithorized by ida Statutes	r the corporat	tion's board of directors. Thereby according	opt the appoir	ntment as re	gistered
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CITY-ST-ZIP V . . 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:

SIGNATURE:

| SIGNATURE |

6.4 CITY-ST-ZIP