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

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90150 039 ***150.00

1. Corporation	MENT # S40530 TRATTRACTIONS PLUS, IN				 	1,811,818,118,118,118,118,118,118,118,1]
	· .						
Principal Place	e of Business	Mailing Address					
2598-28TH AVE		2598-28TH AVE N ST PETERSBURG FL 33713					
ST. PETERSBURG FL 30713 ST PETERSBURG FL 33713 US US					DO NOT WRITE IN THIS SP	ACE	
	and the second		- .	-	3: Date Incorporated or Qualifed		
					03/26/1991		_
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	_
21		26			59-3055878	Not Applicable 8.75 Additional	Ne
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	\neg
23	5	28			Trust Fund Contribution	Added to Fees	Ì
Zip	Country	Zip	Zip Country		8. This corporation owes the current year Intang	ible	\neg
24	25	29	30		Personal Property Tax.	Yes □No	
,	9. Name and Address of Currer	it Registered Agent			10. Name and Address of New Registered Age	ent	<u> </u>
				Name			
VIGNOUL, MICHAEL E.				Street A	ddress (P.O. Box Number is Not Acceptable)		
	1-28TH AVE N PETERSBURG FL 33713		\ <u>\</u> _				
31.1	retendound fit 33713		{	33			
			8	4 City	- 1	35 Zip Code	
			_ 45 15 -		FL	nging its registerer	_
l office or r	egistered agent, or both, in the State	of Florida. Such change was au	thonzed I	by the corpor	corporation submits this statement for the purpose of characteristics of directors. I hereby accept the appointment	ent as registered	1
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flori	da Statut	es.	·		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if annicable. (NOTE:	Registered A	gent signature reg	quired when reinstating) DATE		}
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 12	
TITLE	P	DELETE □ DELETE	1.1 TITL	Ξ.		Change Addi	tion
NAME -	VANDER KALK, DAVID B	Ž	1.2 NAM	E			- }
STREET ADDRESS	2598-28TH AVE N		1.3 STR	EET ADDRESS			
CITY-ST-ZIP	ST_PETERSBURG FL		1.4 CITY	-ST-ZIP			· · ·
TITLE	ST	DETELE	2.1 TI7L		, . .	Change Addi	tion
NAME	VIGNOUL, MICHAEL E		2.2 NAM	_			
STREET ADDRESS	2598-28TH AVE N		1	EET ADDRESS			ļ
CITY-ST-ZIP	ST PETERSBURG FL	☐ DELETE	_	/-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Add	ition
TITLE	VICNOSII MICHAELE	□ vereie	3.1 TTTL 3.2 NAM				
NAME	VIGNOUL, MICHAEL E 2598-28TH AVE N			EET ADDRESS			
STREET ADDRESS	ST PETERSBURG FL		1				- {
TITLE	OT FETERODORO FE	☐ DELETE	4.1 TITL	Y-ST-ZIP		Change Add	ition
NAME		<u> </u>	4. 2 NA		_	_	
STREET ADDRESS				EET ADDRESS	•		
CITY-ST-ZIP			1	-ST-ZIP]
TITLE		DELETE 5.1 TI			,	Change Add	ition
NAME	10 11		5.2 NAM	E			
STREET ADDRESS)		5.3 STR	EET ADDRESS			}
CITY-ST-ZIP				-ST-ZIP			
TITLE		☐ DELETE	6.1 TITL	ł		Change Addi	ition }
NAME			6.2 NAM				}
CTDEET ADDDESS			6.3 STR	EET ADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE PEQUIRED GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR