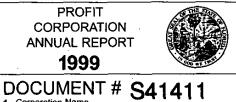
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Kathorine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90174 012 \*\*\*150.00

	BRENDA	W. FURLO	OW, ATTOF	RNEY, P.	Α.				,							
Principal Place of Business Mailing Address												1 10011010 117 01007 11011				
1000 BELCHER ROAD 1000 BELCHER ROAD											ļ					
SUITE A-6					SUITE A-6							DO NOT WRITE IN THIS SPACE				
LARGO FL 33771 US					LARGO FL 34641 US						}	Date Incorporated or Qualifed				
												03/27/1991				
2.	Principal P	lace of Busines	ss		2a.	Mailing Add	dress				1	4. FEI Number		<del></del>	pplied For	
21					26							59-3058379			ot Applica	
L	Suite, Apt.	Apt. #, etc.				Suite, Apt. #, etc.					\ \ \ \ \	5. Certifcate of Status Desir	ed 🗀		Additional	· }
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L_	City & State	City & State				City & State						<ol><li>Election Campaign Finan</li></ol>	cing 🖂	•	May Be	
23	J				28							Trust Fund Contribution				
L,	Zip		Country		····,	Zip	r-s	Cour	ntry			<ol><li>This corporation owes the</li></ol>	current year Inte		<b></b>	
24		2:			29		3	0				Personal Property Tax.	<u> </u>	Yes	□No	
	9. Name and Address of Current Registered Agent											10. Name and Address of N	lew Registered	Agent		{
NEWBERN, WILMA G.									81	Name						
6836-122ND WAY NORTH				,	1				82 Street Addre			s (P.O. Box Number is Not Ac	ceptable)			
				1				l	_		_					
SEMINOLE FL 34642									83							
	-			į				ŀ	84	City	_		FL	85 Zip	Code	
					-1 60	7 4500 Fi-	dda Ctatutaa	**		namad	40000	ation cubmits this statement for		changing it	5 / / Ø	
11	I, Pursuant office or r	to the provision	ns or Sections at, or both, in th	ne State of F	na bu Iorida	a. Such cha	inda Statutes inge was aut	, une ac horized	by t	the corpo	oration'	ation submits this statement for submits the statement of directors. I hereby	accept the appoin	ntment as r	egistered	"
	agent. I	m familiar with	and accept #	e obligation	s of,	Section 607	7,0505, Florid	a Statu	tes.							
SI	GNATURE					211	T E	عهو	R				DATE			/
L.	\	Signature, typed of	<del></del>	ERS AND D			(NOTE: R	_	Agent	signature r	required w	hen reinstating) ADDITIONS/CHANGES TO		D DIRECT	OPS IN 13	<del>,</del>
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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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

Change

☐ Addition