PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

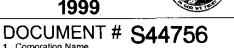


Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 04, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE

03-04-1999 90048 031 ***150.00



C E ODELL & ASSOCIATES INC Principal Place of Business 5907 54 AVE NORTH SUITE A ST. PETERSBURG FL 33709 US US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/10/1991				
3 Dringing D	nee of Pusiness	2a, Mailing Ad	Idroce			4, FEI Number	- Ar	plied For	
21	2. Principal Place of Business		26			59-3059293	ļ 	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Additional		
City & State			City & State			Election Campaign Financing Trust Fund Contribution	st Fund Contribution Added to Fees		
Zip 24	Country 25	Zip .	30	Country	1	This corporation owes the current year Personal Property Tax.	Intangible Yes	□No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Register	ed Agent		
ODELL, CARLOS E. 5907 54 AVE NORTH SUITE A ST PETERSBURG, FL 33709				81 82 83	Street /	Address (P.O. Box Number is Not Acceptable)			
				84	City	F	· L	Code	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such ch	ange was auth	orized by	the corpo	corporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	of changing its pointment as re	registered gistered	
SIGNATURE			WOTE D	interes Aug.	at alamatura a	equired when reinstating) DATE			
12.	Signature, typed or printed name of registered ag	AND DIRECTORS	(NOTE, Re	13.	11 Signature n	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12	
TITLE	D) DELETE	1.1 TITLE		7,0011101103	Change	☐ Addition	
NAME	ODELL, CARLOS E.		1.2 NAME		•				
STREET ADDRESS	COOT EA AVE NODTH			1.3 STREE	T ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL 33709			1.4 CITY-S	T-ZIP				
TITLE	☐ DELETE		2.1 TITLE			☐ Change	Addition Addition		
NAME				2.2 NAME					
STREET ADDRESS				2.3 STREE	TADDRESS				
CITY-ST-ZIP				2. 4 CITY-ST-ZIP					
TITLE			DELETE	3.1 TITLE			☐ Change	Addition	
NAME				3.2 NAME	Į				
STREET ADDRESS					TADDRESS				
CITY-ST-ZIP			DELETE	3.4. CITY-5	ST-ZIP	No a haka dibakha	☐ Change	Addition	
TITLE) DELETE	4.1 TITLE	ŀ	1114	□ cuan∂a	, LLI AUGION	
NAME				4. 2 NAME	T 4 D D D C C C				
STREET ADDRESS				4.3 STREE 4.4 CITY-S	T ADORESS				
CITY-ST-ZIP				4.4 UIIY-S	1-41				

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 appears. With all other like empowered.

5.1 TITLE

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

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

DELETE

Daytime Phone #

Change

Change

☐ Addition

■ Addition