FININCE, ROBERT L.     12 NAME       ST-2P     SEMINOLS ELS.       406     DELETE       1100     DELETE       2100     DELETE       2100     DELETE       2100     STRET ADDRESS       3100	PROFIT CORPORATION ANNUAL REPORT <b>1999</b>	Katherin Secretary	TMENT OF STATE <b>1e Harris</b> y of State ORPORATIONS	See	· 02, creta	LED 1999 ry of 0072 041 *	8:0 Sta	te
Open Hance of Business         Malling Address           VB ST IN ROCKS BEACH FL 30755         415 AD ST INCAM BOCKS BEACH FL 30755         State State           Strate Address of Business         2a. Mailing Address         4. FEI Number         Applied Flace           Strate, Aptl 4, etc.         Strate, Aptl 4, etc. <th>rporation Name</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	rporation Name							
Principal Place of Business         2a.         Mailing Address         4.         FEI Number 569-3071194         Applied For 569-3071194           Suite. Apt. #, etc.         27         Suite. Apt. #, etc.         5.         Centrotau of Status Dealed         \$8.75.Addressal           Jily & State         27         Country         2.         Country         Country         State Country         State Country         State Country         Country         2.         Country         Country         B. This cooperation owes the current year Intergeted Agent           0.         Name and Address of Current Registured Agent         10.         Name and Address of New Registured Agent         Not Address of New Registured Agent           MUNCE, ROBERT L.         200         Code East East-Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)           28         Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)           29         Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)           29         Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)           20         Code Of Co	d st	415 2ND ST INDIAN ROCKS BEACH FL 3	33785	DC 3. Date Incorporated		· · · · ·		
unite. Apt. #, etc.       27         inty 4. State       27         inty 4. State       27         inty 4. State       28         inty 4. State       28         inty 4. State       6. Election Campaign Financing       Added to Fees         inty 4. State       28         inty 5. Status Desired       7. Status Desired       Fee Required         inty 5. Status Desired       28       Cluy 4. State         inty 5. Status Desired       28       Country       8. This corporation over the current year intemplate/         inty 5. Status Desired       28       Country       8. This corporation over the current year intemplate/         inty 5. Status Desired       28       This corporation Status Desired       Added to Fees         inty 5. Status Desired       28       This corporation Status Desired       Added to Fees         inty 5. Status Desired       29       Country       8. This corporation Status Desired       Added to Fees         inty 5. Status Desired       29       Country       8. This corporation Desited Status Desired       Added to Fees         inty 5. Status Desired       10       Name       10. Name and Address of Name and Address of Country Desired Countr	ncipal Place of Business		······	4. FEI Number				
inty & State     27	ite, Apt. #, etc.					· · ~ \$	<u> </u>	
Image: Second Section 607 0500 and 407 1500.         Funds and Address of Current Registered Agent         Image: Second Section 607 0500 and 407 1500.         Funds and Address of New Registered Agent         Image: Second Section 607 0500 and 407 1500.         Funds and Address of New Registered Agent           MUNCE: ROBERT L Gene Second Section 607 0500 and 407 1500.         Funds and Address (P.O. Box Number Is Not Acceptable)         Image: Second Section 607 0500 and 407 1500.         Image: Second Section 607 0500 and 407 1500.         Funds and Address (P.O. Box Number Is Not Acceptable)         Image: Second Section 607 0500 and 407 1500.         Image: Second Section 607 0500 and 407 1500.         Funds and Number Is Not Acceptable)         Image: Second Section 607 0500 and 407 1500.         Image: Second Section 607 0500 and 407 1500.         Funds and Number Is Not Acceptable)         Image: Second Section 607 0500 and 407 1500.         Image: Second Section 607 0500 and 407 1500.         Funds and Number Is Not Acceptable)         Image: Second Section 607 0500 and 407 1500.         Image: Second Section 607 0500 and 407 1500.         Funds and Number Is Not Acceptable)         Image: Second Section 607 0500 and 407 1500.         Image: Second Section 607 0500 and 407 1500.         Funds and Number Is Not Acceptable)         Image: Second Section 607 0500 and 407 1500.         Image: Second Section 607 0500 and 407 1500.         Image: Second Section 607 0500 and 407 1500.         Image: Second Second Section 607 0500 and 407 1500.         Image: Second S								
p       Country       Zp       Country       8. The corporation wase the current year intanglight       No         9. Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent       10. Name and Address of New Registered Agent       10. Name and Address of New Registered Agent         MUNCE, ROBERT L.       Street Address (P.O. Box Number is Not Acceptable)       23       Street Address (P.O. Box Number is Not Acceptable)         SEMMOLE FL. 33770       24       City PlukLuss Plank K. S. Plukt I. Novic.       FL as Zp Code         41       City PlukLuss Plank K. S. Plukt I. Novic.       FL as Zp Code         29       T323       Statistics. the above-named comportation submits this statement for the pupose of changing its registered agent, and Ramine W. Sad Code, Schoold	y & State						•	
123     124     1	<u></u>	Zip		, <del>.</del> .		-		
MUNCE, ROBERT L     81     Name       Security Constrained and the provisions of Sections 607 0502 and 607 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both the Statu of Florids. Such Change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the Statu of Florids. Such Change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both of pricers AND DIRECTORS       ATURE     Image: Link florid agent and statistic statutes.     Image: Link florid agent and accept the obligations of. Section 607.0505, Florida Statutes.     Image: Link florid agent and accept the obligations of. Section 607.0505, Florida Statutes.       ATURE     Image: Link florid agent and statistic statutes.     Image: Link florid agent and accept the obligations of. Section 607.0505, Florida Statutes.     Image: Link florid agent and accept the obligation of. Section 607.0505, Florida Statutes.       ATURE     Image: Link florid agent and statistic statutes.     Image: Link florid agent and statistic statutes.     Image: Link florid agent and statistic statutes.       ATURE     OFFICERS AND DIRECTORS IN Link florid agent and statistic statutes.     Image: Link florid agent and statistic statutes.     Image: Link florid agent and statistic statutes.       ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN Link florid agent and statistic statutes.     Image: Link florid agent and statistic statutes.     Image: Link florid agent and statistic statutes.       ADDITIONSICHANGES TL     Image: Link florid agent and statistic statute			30					
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Inducer, ROBERT L.     12 Make       TADORESS     0042 E- DAY ST,       T.2P     14 GTY-ST-ZP       V6     DELETE       MUNCE, MARTHA M.     22 MARE       0942 E- BAY ST,     23 STREET ADDRESS       MUNCE, MARTHA M.     22 MARE       17 2P     24 GTY-ST-ZP       V6     21 MIL       MUNCE, MARTHA M.     22 MARE       17 2P     24 GTY-ST-ZP       V942 E- BAY ST.     23 STREET ADDRESS       17 2P     24 GTY-ST-ZP       DELETE     31 TTLE       17 2P     24 GTY-ST-ZP       17 2P     10 DELETE       17 2P </th <th>ffice or registered agent, or both, in the S gent. I am familiar with, and accept the o ATURE</th> <th>State of Florida. Such change was au obligations of, Section 607.0505, Flor</th> <th>is, the above-named outhorized by the corporida Statutes.</th> <th>NEWS PAAK Sorporation submits this stater ration's board of directors. I h</th> <th>ment for the n</th> <th>FL 8 urpose of char the appointme</th> <th>nging its n</th> <th>182</th>	ffice or registered agent, or both, in the S gent. I am familiar with, and accept the o ATURE	State of Florida. Such change was au obligations of, Section 607.0505, Flor	is, the above-named outhorized by the corporida Statutes.	NEWS PAAK Sorporation submits this stater ration's board of directors. I h	ment for the n	FL 8 urpose of char the appointme	nging its n	182
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62 NAME 63 STREET ADDRESS 17-ZIP 64 CITY-ST-ZIP	ATURE       Signature, typed or printed name of register         OFFICER       OFFICER         ADDRESS       9042 E- BAY ST.         -zip       SEMINOLE-EL.         ADDRESS       -2042 E- BAY ST.         -zip       SEMINOLE-EL.         ADDRESS       -2042 E- BAY ST.         -zip       SEMINOLE-EL.         ADDRESS       -210	State of Florida. Such change was au obligations of, Section 607.0505, Flor ed egent and Itle if applicable. (NOTE: SAND DIRECTORS DELETE	Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	NEWAS PAAK corporation submits this stater ration's board of directors. I h quired when reinstating) <u>ADDITIONS/CHANC</u> T323 SAWGRASS PINELLAS PAAK VPS T323 SAWGRASS	Rent for the pereby accept GES TO OFFI POINT I FL	FL 8	IRECTOF (Change Change Change	1 8
54 CITY-ST-ZIP	ATURE       Signature. typed or printed name of register         OFFICER       OFFICER         ADDRESS       9042 E- BAY ST.         Signature. typed or printed name of register         OFFICER         MUNCE, ROBERT L.         9042 E- BAY ST.         SEMINOLE-EL.         VG         MUNCE, MARTHA M.         4DDRESS         -ZIP         SEMINOLE-EL.         ADDRESS         -ZIP         SEMINOLE-EL.         ADDRESS         -ZIP         ADDRESS         -ZIP         ADDRESS         -ZIP         ADDRESS         -ZIP	State of Florida. Such change was au obligations of, Section 607.0505, Flor ed egent and Itle if applicable. (NOTE: IS AND DIRECTORS DELETE DELETE DELETE DELETE DELETE	Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	NEWAS PAAK corporation submits this stater ration's board of directors. I h quired when reinstating) <u>ADDITIONS/CHANC</u> T323 SAWGRASS PINELLAS PAAK VPS T323 SAWGRASS	Rent for the pereby accept GES TO OFFI POINT I FL	FL 8	IRECTOF (Change Change Change Change Change	1 8
	ATURE       Signature. typed or printed name of register         OFFICER       OFFICER         ADDRESS       9042 E- BAY ST.         Signature. typed or printed name of register         OFFICER         MUNCE, ROBERT L.         9042 E- BAY ST.         SEMINOLE-EL.         VG         MUNCE, MARTHA M.         4DDRESS         -ZIP         SEMINOLE-EL.         ADDRESS         -ZIP         SEMINOLE-EL.         ADDRESS         -ZIP         ADDRESS         -ZIP         ADDRESS         -ZIP         ADDRESS         -ZIP	State of Florida. Such change was au obligations of, Section 607.0505, Flor ed egent and Itle if applicable. (NOTE: IS AND DIRECTORS DELETE DELETE DELETE DELETE DELETE	Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	NEWAS PAAK corporation submits this stater ration's board of directors. I h quired when reinstating) <u>ADDITIONS/CHANC</u> T323 SAWGRASS PINELLAS PAAK VPS T323 SAWGRASS	Rent for the pereby accept GES TO OFFI POINT I FL	FL 8	IRECTOF (Change Change Change Change Change	1 8
	ffice or registered agent, or both, in the S         gent. 1 am familiar with, and accept the or         ATURE         Signature, typed or printed name of register         OFFICER         PTD         MUNCE, ROBERT L.         9042 E- BAY ST.         SEMINOLE-EL.         WO         ADDRESS         -zip         SEMINOLE-FL.         ADDRESS         -zip         ADDRESS         -zip         ADDRESS         -zip         ADDRESS         -zip         ADDRESS         -zip	State of Florida. Such change was au obligations of, Section 607.0505, Flor ed egent and Itle if applicable. (NOTE: IS AND DIRECTORS DELETE DELETE DELETE DELETE DELETE	Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	NEWAS PAAK corporation submits this stater ration's board of directors. I h quired when reinstating) <u>ADDITIONS/CHANC</u> T323 SAWGRASS PINELLAS PAAK VPS T323 SAWGRASS	Rent for the pereby accept GES TO OFFI POINT I FL	FL 8	IRECTOF (Change Change Change Change Change	1 8