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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90031 010 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # \$62261

Principal Place of Business

THE LAW OFFICE OF JEFFREY EVAN COSNOW, CHARTERED

3450 EAST LAKE RD. SUITE 301 PALM HARBOR FL 34685		3450 EAST LAKE HU. SUITE 301 PALM HARBOR FL 34685				`		
					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
					06/21/1991		T Anni	God For
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number			lied For
21		26			59-3072400			Applicable
Suite, Apt. #	etc	Suite, Apt. #, etc.			5. Certifcate of Status Desired	<u> </u>	8.75 Ad	
· · · · · · · · · · · · · · · · · · ·	, 5.5.	27			5. Certificate of Giztus Desired		Fee Req	uired
22 City & State		City & State			6. Election Campaign Financing	_ ;	۸ 00.0\$	May Be
_ ´	•	28			Trust Fund Contribution		Added to	Fees
23	Country	Zip	Country	·	8. This corporation owes the curre	ent vear Intangi	ble	ł
²			30		Personal Property Tax.		Yes [□No
24	25	<u> </u>	<u>'l</u>		10. Name and Address of New R	egistered Age	nt	
Name and Address of Current Registered Agent				81 Name				
	IONI IEEEDEV EVAN		"					
YEST CUSI	NOW, JEFFREY EVAN EAST LAKE RD.		82	Street Add	Iress (P.O. Box Number is Not Accepta	ble)		
					43 - 19 - 19 - 19 - 19 - 19 - 19 - 19 - 1	.gr. 9 4 4 4 3 1 1 2 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	en en en en en en Frankliche en	21 4 50 (0.2)
	E 301		83					
PALM	I HARBOR FL 34685		-	0.1		R 101 415 1 415 1	5 Zip C	ode
			84	City	•			1
1460 CAST 148	60.	and 607 4509 Elorida Statutes	the above	le-con	poration submits this statement for the ion's board of directors. I hereby accept	purpose of cha	nging its r	egistered
11. Pursuant t	o the provisions of Sections 607.0502 poistered agent, or both, in the State o	f Florida. Such change was auth	orized by	the corporat	poration submits this statement for the ion's board of directors. I hereby acception	ot the appointme	ent as reg	istered
agent. Par	n familiar with, and accept the obligati	ons of, Section 607.0505, Florida	a Statutes	. .				
CICNATURE						DATE		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re		nt signature requir	ad when reinstating) ADDITIONS/CHANGES TO OF		IRECTO	RS IN 12
12.	OFFICERS AND		13.				Change	Addition
TITLE	PD	☐ DELETE	1.1 TITLE	-	A Company	_	Change	
NAME	COSNOW, JEFFREY EVAN		1.2 NAME	1				
STREET ADDRESS	3450 EAST LAKE RD.		1.3 STREE	T ADDRESS				
	PALM HARBOR FL		1.4 CITY-S	ST-ZIP				
CITY-ST-ZIP		☐ DELETE	2.1 TITLE		<u> </u>] Change	Addition
TITLE	ST SOCION IEEEDEV FUAN		2.2 NAME					l
NAME	COSNOW, JEFFREY EVAN							
STREET ADDRESS	3450 EAST LAKE RD.		l	TADORESS	•			
CITY-ST-ZIP	PALM HARBOR FL: (1) (1)		2. 4 CITY-	ST-ZIP			Change	[] Addition
TITLE	Barreland to the second of the	☐ DELETE	3.1 TITLE	ļ		_	Jonanyo	
NAME : CA	NOW LENGTED TO A STATE OF THE S	SECTION OF THE SECTION	3.2 NAME	.]				
STREET ADORESS	STAGE AND CLASS		3.3 STREE	T ADDRESS	37 . S		2.51 70.5	副翻翻翻
<u>あ</u> む日	E 301	,	3,4, CITY-	ST-ZIP				
CITY-ST-ZIP, 331	1 1 4 6 1 4 5 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ DELETE	4,1 TITLE		The State of	ida Para Alika da E	Change	Addition
TITLE	· ·	-	4. 2 NAME	.	•			
NAME SOUT EAST LA	2 24	Start Control		T ADDRESS	•			
STREET ADDRESS			1	i			•	
CITY-ST-ZIP	R 4200		4.4 CITY-5	ST-ZIP			7 Change	Addition
TITLE		☐ DELETE	5.1 TITLE		$g_{ij} = f_{ij} G_{ij}$		_ 5,121,90	
NAME	·		5.2 NAME		Control of the control			
STREET ADDRESS			5.3 STREE	ET ADDRESS	The state of the s			
1	₽D •	* ets	5.4 CITY-	ST-ZIP				
CITY-ST-ZIP	COSCON, ALTERNATION	☐ DELETE	6.1 TITLE			, , [] Change	Addition
TITLE	3450 EXXT UKS 7E	:	6.2 NAME					1.0
NAME	PALM HOTRODIE.			ET ADDRESS		•		• .

upplied with this fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information plemental annual teport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an in the receiver or thistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an attachment with an address, with all other like empowered. CITY-ST-ZIP I hereby certify that the information indicated on this annual report or officer or director of the cor Block 12 or Block 13 if cha

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

1-7-99 729-786-7/69