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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 13, 1999 8:00am

Secretary of State

02-13-1999 90029 011 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$83521

9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of confice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appoint agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE DP	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees angible Yes \[\] No
Principal Place of Business Mailing Address	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees angible Yes \[\] No
Principal Place of Business Mailing Address	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees angible Yes \[\] No
SUITE A CLEARWATER FL 33782 SUITE A CLEARWATER FL 34619 SUITE A CLEARWATER FL 3461	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees angible Yes \(\) No
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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. So. Certificate of Status Desired	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees angible Yes \(\text{\text{\text{No}}} \)
City & State City & Country Zip Country R. This corporation owes the current year Intantance Personal Property Tax. Personal Property Tax. Street Address of New Registered Agent BARRY L. BOWYER 1754 GROVE DRIVE CLEARWATER FL 34619 Rate City CLEARWATER FL 34619 Rate City City & Statutes, the above-named corporation submits this statement for the purpose of confice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appoint agent. I am familiar with, and accept the obligations of, Section 607,0905, Florida Statutes. SIGNATURE Signature, byed or primes name of registered agent and title if applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE DP DP DP DP DP DELETE 1.1 TITLE DP DP DP DP DP DP DP DP DP D	\$5.00 May Be Added to Fees angible Yes
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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 apprecia, with all other like empowered.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

787_576-9436 Daytime Phone #