

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90088 015 ***150.00

DOCUMENT # S89102

1. Corporation Name

MISU OF PINELLAS, INC.

Principal Place of Business

GLADES BLDG., STE 303
877 EXECUTIVE CENTER DR. W
ST. PETERSBURG FL 33702
US

Mailing Address

PO BOX 22095
ST. PETERSBURG FL 33742
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1991

4. FEI Number

59-3102092

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 877 EXECUTIVE CENTER DR. W

23 City & State

27 SUITE 303
28 ST. PETERSBURG, FL

24 Zip Country

29 33702 30 Pi

9. Name and Address of Current Registered Agent

MASCARA, ERNEST L.
GLADES BLDG., SUITE 303
877 EXECUTIVE CENTER DR W
ST. PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name

Lisa Smithson, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

GLADES BLDG., Suite 303

83 877 Executive Center Dr. W

84 City

St. Petersburg

FL

85 Zip Code

33702

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 changing its registered office 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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/99

12. OFFICERS AND DIRECTORS

TITLE V
NAME SMITHSON, LISA
STREET ADDRESS 877 EXECUTIVE CENTER DRIVE, SUITE 303
CITY-ST-ZIP ST PETERSBURG FL 33702

TITLE PD
NAME WARD, MICHAEL
STREET ADDRESS 4946 61 AVE S
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ST
NAME WARD, SUZANNE
STREET ADDRESS 4946 61 AVE S
CITY-ST-ZIP ST. PETERSBURG FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/99 (727) 574-7902

CR2E034 (1/1/98)