Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90066 011 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # SOCOAA

1. Corporation VIDEO IN	NAME SOUZHA						
Principal Place	of Business	Mailing Address				DEOLF DZĒK BROJI OLI	Tel Albu Alaşı ıdal
2004 MASTERS WAY PLANT CITY FL 33567		2004 MASTERS WAY PLANT CITY FL 33567			DO NOT WRITE IN	THIS SPACE	
	,				3. Date Incorporated or Qualifed . 10/28/1991	HIIO OFACE	
2. Principal Place of Business		2a, Mailing Address 26			4. FEI Number 65-0294420		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required .
City & State	}	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be d to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year		em.,
24	25	29 30			Personal Property Tax.	Yes	N _o
	9. Name and Address of Curre	nt Registered Agent	81 Nai		10. Name and Address of New Registe	erea Agent	
SUITO	CLIFFE, SANDRA J.						
2004 MASTERS WAY PLANT CITY FL 33567			82 Str	eet Addre	ss (P.O. Box Number is Not Acceptable)		ľ
		83					
			84 City	•		FLII	ip Code
11 Pursuant t	the provisions of Sections 607.05	00 - 1 007 4500 Florida Chabring H					
office or re	egistered agent, or both, in the State in familiar with, and accept the oblig	oz and 607.1508, Florida Statutes, to e of Florida. Such change was autho ations of, Section 607.0505, Florida	ne above-nan rized by the c Statutes.	ned corpo corporation	ration submits this statement for the purpor s's board of directors. I hereby accept the a	se of changing appointment as	registered
SIGNATURE	sgistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered ag		ne above-nan inized by the c Statutes. istered Agent signa			TE	
SIGNATURE	Signature, typed or printed name of registered ag					re IS AND DIREC	TORS IN 12
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A	ent and title if applicable. (NOTE: Regi	istered Agent signa		when reinstating) DAT	TE	TORS IN 12
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A PD SUTCLIFFE, BRUCE E	ent and title if applicable. (NOTE: Regi	stered Agent signa		when reinstating) DAT	re IS AND DIREC	TORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ag OFFICERS A PD SUTCLIFFE, BRUCE E 2004 MASTERS WAY	ent and title if applicable. (NOTE: Regi	istered Agent signa 13.	nture required	when reinstating) DAT	re IS AND DIREC	TORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ag OFFICERS A PD SUTCLIFFE, BRUCE E 2004 MASTERS WAY PLANT CITY FL	ent and title if applicable. (NOTE: Regi	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP	nture required	when reinstating) DAT	re IS AND DIREC ☐ Chang	TORS IN 12
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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 address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ZOWI SANDRA J. S

☐ DELETE

☐ Change

☐ Addition

CR2E034 (11/98)