## 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

## DOCUMENT # V05321

TENANTS VERIFICATION BUREAU, INC.

Principal Place of Business

Mailing Address

TO MANATES AVERIES M.

## FILED Feb 12, 1999 8:00am Secretary of State

02-12-1999 90008 030 \*\*\*150.00



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Principal Place of Business Mailing Address 7316 MANATEE AVENUE. W. 7316 MANATEE AVENUE. W.							
			W.				
SUITE 263 BRADENTON FL 34209		SUITE 263 Bradenton FL 34209			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
2. Principal Pla	ace of Business	2a. Mailing Address		-	4. FEI Number	A	pplied For
21	•	26			65-0312151	N	ot Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27			5, Certificate of Otatos Busined	Fee R	equired
City & State		City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution	, Added	to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current y		EΣINο
24	25	29	30		Personal Property Tax.	Yes Agent	ENO.
	9. Name and Address of Curren	nt Registered Agent		81 Name	10. Name and Address of New Regis	oreian Wäsiir	1./!
ALA IA	AV INCEDILL			U1 INdille			.,
NAJMY, JOSEPH L				82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	DENTON FL 34205			83	· · · · · · · · · · · · · · · · · · ·	1 3 1 4 4 1 AV 200	180 180 180
DHAL	DEITI OHT I E 37293			55	一名。 網灣是數學的問題	est of the	740 181 161
				84 City	हा त्रीक्षणाता केहें देंगे <b>हैं कि</b> किया है। हा कि	85 Zip	Code ' ' '
	607.050	20 - 1 COZ 4EOO Elevido Ctob	utan than	hove named con	poration submits this statement for the purp	nose of changing if	s registered
office or re	agistored agent, or both, in the State.	of Florida, Such change was	authorized	i by the corporati	ion's board of directors. I hereby accept the	e appointment as r	egistered
ः agent. l ar	m,familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Stati	utes.	·		
SIGNATURE	Charter band a mint of a m	ant and title if applicable (AIC)	F Registered	Agent signature require	ed when reinstating)	DATE	<del></del>
12.	Signature, typed or printed name of registered age OFFICERS AN	ND DIRECTORS	13.	- gam agramma radum	ADDITIONS/CHANGES TO OFFICE		ORS IN 12
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TITLE	D	☐ DELETE	2.1 TI			☐ Change	☐ Addition
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NAME	1.5		6.2 N	AME			
STREET ADDRESS	#		6.3 S	TREET ADDRESS			
SIKEET ADOKESS	7.			ITY-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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 - 25 - 9 9 Date 941-747-2811