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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # V12881



FLORIDA DEPARTMENT OF STATE:

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90089 022 ***150.00

THE LAV	V OFFICES OF MARK R. W	EINEF	R, P.A.		`.			
Principal Place	e of Business	М	ailing Address					T 100H OTLAND HAND INDIA TRANCH TRANCH LAND INDIA OLONG BIDAY ORDER ORDER OLDER OLDER
1411 N WESTSHORE BLVD 628 CLEVELAND ST							·	
#110 #302								
TAMPA FL 33607			CLEARWATER FL 33755					DO NOT WRITE IN THIS SPACE
US			US					3. Date Incorporated or Qualifed
D. Malling Address								- 02/01/1992
2. Principal Place of Business			2a. Mailing Address					
Suite, Apt. #, etc.			26 [4] N. WESTSHORE BLVD . Suite, Apt. #, etc.				VD.	65-0311923 Not Applicable \$8.75 Additional
→			27 4 110					5. Certificate of Status Desired Fee Required
City & State			City & State					6. Election Campaign Financing \$5.00 May Be
23		28	TAMPA	£L	_			Trust Fund Contribution Added to Fees
Zip	Country	20	Zip		ountry	,		8. This corporation owes the current year Intangible
24	25	29	33607	30	F	<u>_</u>		Personal Property Tax.
	9. Name and Address of Currer			14-1	Ţ			10. Name and Address of New Registered Agent
						Name		
WEINER, MARK ROBERT 1411 N WESTSHORE BLVD #110					82	Street	Address (P.O. Box Number is Not Acceptable)	
					"	Olicet Addies		SS (F.O. BOX NUMBER DE VICE VESSEPLEID)
					83			
TAMPA FL 33607					84	City		85 Zip.Code
					04	City		FL 8 P S S
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								
12.	OFFICERS AN	D DIRE	CTORS	1	3.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P		☐ DELETE	1.	TITLE			☐ Change ☐ Addition
NAME	WEINER, MARK R.			1.3	NAME			
STREET ADDRESS	1411 N WESTSHORE BLVD, #	110	•	1.3	STREE	TADDRESS		
CITY-ST-ZIP	TAMPA FL 33607			1.	CITY-S	T-ZIP	٠.	
TITLE	VP		☐ DELETE	2.	TITLE			☐ Change ☐ Addition
NAME	WEINER, MARK		•	2.	2 NAME			
STREET ADDRESS	1411 N WESTSHORE BLVD, #	110		2.	STREE	TADORESS		
CITY-ST-ZIP	TAMPA FL 33607			2.	4 CITY-5	T-ZiP		
TITLE	T		☐ DELETE	3.	1 TITLE	Ì		Change Addition
NAME	WEINER, MARK				2 NAME		1	411N. WESTSHORE BLUD, 4 110
STREET ADDRESS	100 N TAMPA ST #3320			3.	STREE	TADDRESS	'`	
CITY-ST-ZIP	TAMPA FL				4. CITY-S	ST-ZIP		TAM/A, FL 33607
TITLE	S		☐ DELETE		1 TITLE			☐ Change ☐ Addition
NAME	WEINER, MARK				2 NAME		1	I HETOLOGE ALVO HE
STREET ADDRESS	100 N TAMPA ST #3320					T ADDRESS		1411N WESTSHORE BLUD.) #110 TAMPA, FL 33607
CITY-ST-ZiP	TAMPA FL			_	4 CITY-S	T-ZIP		7 A M PR , +C \$366 / Change
TITLE			☐ DELETE		1 TITLE			☐ Change ☐ Addition
NAME					2 NAME			
STREET ADDRESS				-		TADDRESS		· ·
CITY-ST-ZIP					4 CITY-S	T-ZIP	<u> </u>	
TITLE			☐ DELETE		1 TITLE			Change Addition
NAME in the	r Tagat				2 NAME			
STREET ADDRESS				6.	3 STREE	TADDRESS	l	

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 corpit ation 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.

6.4 CITY-ST-ZIP

SIGNATURE: