PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90231 044 ***150.00

DOCUMENT 1. Corporation Name	#	V130)56
KAY VENTLIBES	INC	•	

WHI ACM	TURES, INC.							
Principal Place	of Business	Mailing Address						
12350 SOUTH B		12350 SOUTH BELCHER ROA	ND.					
RIBI DING 14 BUILDING 14		DO NOT WRITE IN 1	THIS SPACE					
LARGO FL 3077	3-3009	LARGO FL 33773 US			3. Date incorporated or Qualifed			
US		03			02/10/1992		1	
					4. FEI Number	Ac	plied For	
2. Principal Pla	ace of Business	2a. Mailing Address			59-3107983	No.	t Applicable	
21		26					Additional	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Re	beniupe	
22	·	City & State	_:-		8, Election Campaign Financing	\$5.00	May Be	
City & State	9	⊢ ···			Trust Fund Contribution		to Fees	
23			Count		8. This corporation owes the current year	ar Intangible		
Zip	Country	— ·	ю .	,	Personal Property Tax.	^_\Yes	□No	
24	9. Name and Address of Curren	20	~ 1		10. Name and Address of New Registr	red Agent		
	9. Name and Address of Culter	(Kagisteten Figuri	8	1 Name			1	
KAY	BRYAN		-		ddress (P.O. Box Number is Not Acceptable)			
1235	O S BELCHER ROAD		8	2 Street A	adress (P.O. box (admider is 1400 Accopations)			
BLDG			E	3				
	2. 14 30 FL 33773					as Zin	Code	
Danc	30 1 2 30/10		\{ \	14 City		FL 85 Zip		
		o 4 COZ 4509 Florida Statute	e the abr	wownamed c	orporation submits this statement for the purporation's board of directors. I hereby accept the	se of changing its	registered	
office or n	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was au tions of, Section 607.0505, Flori	thorized I da Statut	by the comor es.	orporation submits this statement for the purporation's board of directors. I heraby accept the	sppointinone do re	,,,	
SIGNATURE								æ
SIGNATURE	Signature, typed or printed name of registered ages	nt and title if applicable. (NOTE:	Registered A		wired when reinstating)	TÉ		(86)
12.	OFFICERS AN	nt and title if applicable. (NOTE:	Registered A	gent eignature rec		TÉ		(11/98)
	OFFICERS AN	nt and title if applicable. (NOTE:	13.	gent elgnature rec	wired when reinstating)	TE AS AND DIRECTO	ORS IN 12	34 (11/98)
12. TITLE	OFFICERS AN DPT KAY, BRYAN	nt and title if applicable. (NOTE: 1 ID DIRECTORS DELETE	13. 1.1 TITU	gent algnature rec E E	wired when reinstating)	TE AS AND DIRECTO	ORS IN 12	10.2
12.	OFFICERS AN OPT KAY, BRYAN 540 CARILLON PARKWAY., ST	nt and title if applicable. (NOTE: 1 ID DIRECTORS DELETE	13. 1.1 TITU 1.2 NAM 1.3 STR	E E EET ADORESS	wired when reinstating)	TE AS AND DIRECTO	ORS IN 12	10.2
12. TITLE	OFFICERS AN DPT KAY, BRYAN 540 CARILLON PARKWAY., ST ST. PETERSBURG FL	N and ute if applicable. (NOTE: ID DIRECTORS	13. 1.1 TITU 1.2 NAM 1.3 STR	E E EET ADORESS	wired when reinstating)	TE AS AND DIRECTO	ORS IN 12	CR2E034 (11/98)
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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), Floride Statutes. I further certify that the information indicated on this annual report or supplemental annual report is the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on this annual report or supplemental annual report is the end accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on this annual report of the corporation or this received or trustee employered to execute this report as required by Chapter 607, Floride Statutes; and that my name appears in Block 12 or Block 13 if changes for the analysis with all other like empowered.

SIGNATURE:

13099

574-8500