PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90077 039 ***150.00

								
DOCUI 1. Corporation	MENT # V26662							
•	C GROUP, INC.	•			}			
NEALIE	s anour, mo.	•			t cance deserte ceden acces deser des	A CERC RESCE LOR	er ara rr Araet a r	a n a n a n n a a
-								
Principal Place of Business Mailing Address						0 1503 D1041 B10	il Oldir bibli di	8 11 6 1811 \$881
3474 TAMPA RD. 3474 TAMPA RD.					İ			
PALM HARBOR FL 34684 US PALM HARBOR FL 34684 US					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					04/06/1992			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		App	lied For
21		26			59-3115383		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt, #, etc.		*	5. Certifcate of Status Desired		\$8.75 A	
22	·	27			5. Certificate of Status Desired		Fee Rec	quired
City & Stat	e	City & State			6. Election Campaign Financing		\$5.00 1	•
23		28			Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Country □		8. This corporation owes the curre	•		□No
24	25	29 30	01		Personal Property Tax. 10. Name and Address of New R			7140
	9. Name and Address of Currer	it vedizielen Adelit	81	Name	10. Harris and Madicas of Horris	<u> </u>		
GRU	BER JOAN M							
3474 TAMPA RD.			82	Street A	Address (P.O. Box Number is Not Accepta	ole)		
PALI	M HARBOR FL 34684		83					
	•						T-1 - 3	
			84	City		FL	85 Zip C	ode
11 Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statutes.	the above	-named	corporation submits this statement for the	ourpose of c	hanging its	registered
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auti	10nzen DV	the conoc	oration's board of directors. I hereby accep-	the appoint	ment as reg	istered
-	m tamiliar with, and accept the obliga	litoris of, Section 607.0005, Florid	a Statutes	•				
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	egistered Ager	nt signature re	equired when reinstating)	DATE		<u> </u>
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☐ DE LETE	1.1 TITLE	1			Change	Addition
NAME	GRUBER, JOAN M.		1.2 NAME	l				
STREET ADDRESS			1.3 STREE	T ADDRESS				
CITY-ST-ZIP			1.4 C/TY-S	T-ZIP				
TITLE	SD	☐ DELETE	2.1 TITLE				Change	Addition
NAME	HIGHBERGER, JAMES H		2.2 NAME	Ţ				
STREET ADDRESS	3474 TAMPA RD.		2.3 STREE					
CITY-ST-ZIP	PALM HARBOR FL			T-ZIP			Change	- X Addition
TITLE -		- DELETE	3.1 TITLE	- 1	D		Change	- Munnan
NAME	•		3.2 NAME		Gruber, Richard D			
STREET ADDRESS				T ADDRESS	3474 Tampa Road			
CITY-ST-ZIP		☐ DELETE	3.4. CITY-S 4.1 TITLE	51-ZIP	Palm Harbor, FL 34684		Change	Addition
TITLE		□ brtele		Į				
NAME			4.2 NAME	LADDOCEC				
STREET ADDRESS			1	TADDRESS				
CITY-ST-ZIP		□ DELETE	4.4 CITY-S 5.1 TITLE	1-ZIP			Change	Addition
TITLE		C ALLEIE	5.1 NAME	ļ				
NAME				TADDRESS				
STREET ADDRESS			5.4 CITY- S					
TITLE		□ DELETE	6.1 TITLE				Change	Addition

CITY-ST-ZIP 14. 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 suppliemental 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 efflowed 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

4/15/99

727-789-5555