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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V33711

1. Corporation Name

THE OTHER PLACE INC

INE UII	TEN PLACE, INC.	;					1 JBES BUGGG (1186 1166 1866) (1866 1866)	AN ANAN ANAN ANDI	DIDII 4:4:: 1401	
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Principal Place	e of Business	Mailing Address				_	i indii aildan iilda (iiii iasat iiasa itai a	DIX BIBII DIDIR BIBII	8(\$)) 2 (\$)) (89)	
9123 LITTLE RD 8623 REGENCY PARK BLVD)							
NEW PORT RICHEY FL 34654 PORT RICHEY FL 34668				•			_			
U\$							DO NOT WRITE IN THIS SPACE			
						3.	Date Incorporated or Qualifed		}	
						١.	05/04/1992			
2. Principal Pl	ace of Business	2a. Mailing Address				4.	. FEI Number 59-3121578	<u> </u>	pplied For ot Applicable	
21 26 Suite Act # etc							39-3 12 1376		Additional	
Suite, Apt. #, etc. Suite, Apt. #, etc.							. Certifcate of Status Desired	* *	eguired	
22 27							6. Election Campaign Financing 55.00 May Be			
23 28							Trust Fund Contribution	•	to Fees	
Zip Country Zip			Cour	Country			. This corporation owes the current year	Intangible		
24	25	29	30				Personal Property Tax.	Yes	⊠ No	
- -:1	9. Name and Address of Curre	nt Registered Agent				10.	. Name and Address of New Registe	ed Agent		
				81	Name					
CASSANO, ROBERT D.				82 Street Address (P.O. Box Number is Not Acceptable)			P.O. Box Number is Not Acceptable)			
9123 LITTLE RD NEW PORT RICHEY FL 34654										
MEAA	PUNI NICHET FL 34034			83					į	
				84	City			85 Zip	Code	
11 Pursuant	to the provisions of Sections 607.050	02 and 607 1508. Florida Statute	es, the ab	l	e-named corpo	oratio	on submits this statement for the purpos	e of changing it	s registered	
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	uthorized	by t	the corporatio	n's b	poard of directors. I hereby accept the a	ppointment as r	egistered	
SIGNATURE									/	
	Signature, typed or printed name of registered age			Agent	t signature required		reinstating) DATI ADDITIONS/CHANGES TO OFFICERS		OPS IN 12	
12.		ND DIRECTORS	13. 1.1 TITI				ADDITIONS/CHANGES TO OFFICERS	Change		
TITLE	D Cassano, Robert D.	- Deterie	1							
NAME	10213 HORNE ST Home G.			1.2 NAME 1.3 STREET ADDRESS					1	
STREET ADDRESS	PORT RICHEY FL 34668	ч.							}	
CITY-ST-ZIP			_	1.4 CITY-ST-ZIP 2.1 TITLE				Change	Addition	
TITLE	-			2.1 IIILE 2.2 NAME						
NAME					ADDRESS					
STREET ADDRESS									ł	
CITY-ST-ZIP			_	2.4 CITY-ST-ZIP 3.1 TITLE				Change	Addition	
TITLE				3.2 NAME						
NAME OTDEET ADDRESS					ADDRESS				ľ	
STREET ADDRESS									İ	
CITY-ST-ZIP TITLE	DELETÉ			3.4. CITY-ST-ZIP			-	Change	Addition	
NAME			•	4 2 NAME						
					ADDRESS					
STREET ADDRESS			4.4 CIT							
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TIT				-	☐ Change	Addition	
NAME			5.2 NA					- ·		
STREET ADDRESS			5.3 STI	REET	ADDRESS				1	
CITY-ST-ZIP			5.4 CIT						1	
TITLE		☐ DELETE	6.1 TIT					☐ Change	Addition	
NAME			6.2 NA	ME					İ	

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 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADORESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR