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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **V39255**

1. Corporation Name

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CLEARWATER FL 33760-4042 CLEARWATER FL 33760-404							1042				DO NOT WRITE I	N THIS	SPACE		
us											3. Date Incorporated or Qualifed				
			_								05/28/1992				
2. Principal Pl	ace of Busir	ness		2	2a. N	Mailing Address					4, FEI Number		_		lied For
21				20	26						59-3126596				Applicable
Suite, Apt. #, etc.					Suite, Apt. #, etc.						5. Certifcate of Status Desired]			dditional
22				2										e Req	
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24	0 Name	25	Address of Cu	29		rod Agent	30				10. Name and Address of New Regi	stered A		<u>, , , , , , , , , , , , , , , , , , , </u>	
	9. Name	anu	Address of Cu	irein Keç	giste	rea Agent		81	Nam		10. Maine and Address of free free				
BANG	G, ODD R							82							
	5TH ST E								Stree	t Addres	ss (P.O. Box Number is Not Acceptable))	-	•	
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i								84	City			FL	85	Zip C	ode
44 Purcuant	to the provis	ione	of Sections 607	0502 and	1 607	1508 Florida Stat	utes the	e abov	e-name	d como	ration submits this statement for the pur	pose of c	hangii	ng its r	egistered
I office or re	egistered ag	ient, d	or both, in the St	tate of Flo	orida.	. Such change was	authori	zed by	the cor	poration	's board of directors. I hereby accept th	e appoin	tment	as reg	istered
agent. rai			•	•	01, 0	ection 007.0303, 1	101100		.						
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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 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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE: 2

STREET ADDRESS

CITY-ST-ZIP