PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # V41482



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90029 043 ***150.00

ABC PIZ	ZA OF BRO	OKSVILLE IN() .								
Principal Place	e of Business		Ma	ailing Address				-	01001 DARD 1401 DAGE D	IOII EIEII DIŞİI	91011 B1B11 1881
715 W. JEFFERSON ST. 6610-B E. FOULER AVE. BROOKSVILLE FL 34601 TAMPA FL							DO NO	T WRITE IN THIS	SPACE		
US			US					3. Date incorporated or Qu		- OT 710L	
								06/04/1992			
2. Principal Place of Business 2a. Mailing Address								4. FEI Number		Ar	plied For
21				26			59-3127801		<u> </u>	ot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				7 .			Additional
22		÷ - - ~	27		~ • •	.	- برسج <u>۽</u> سيسه 	5. Certifcate of Status Des	ireq	Fee Re	quired
City & State				City & State				6. Election Campaign Financing \$5.00 May Be			
23			28		_			Trust Fund Contribution		Added	to Fees
Žip		Country	<u> </u>	Zip	Cou	ntry		8. This corporation owes t	he current year Int		
24	25		29		30			Personal Property Tax.		Yes	□No
	9. Name and	Address of Curr	ent Regist	tered Agent		81	Name	10. Name and Address of	New Registered	Agent	
GON	MES, JOSEPH .	Δ				ויסן	Name				}
					82 Street Addr			ess (P.O. Box Number is Not /	Acceptable)		
1220 WHISPER RUN CT LUTZ FL 33549					83				_		
2012	216 00040					83					}
						84	City		FL	85 Zip	Code
11. Pursuant office or r agent. I a	to the provisions registered agent, am familiar with, a	of Sections 607.0 or both, in the Sta and accept the obli	502 and 60 te of Florid igations of,	07.1508, Florida Statu la. Such change was Section 607.0505, Fl	ites, the al authorized orida Stati	by th	named corpo e corporatio	oration submits this statement in's board of directors. I hereby	for the purpose of y accept the appoin	changing its ntment as re	registered gistered
											i
SIGNATURE	Signature typed or or	inted name of registered a	ngent and title if		E: Registered		ionature required	d when reinstating)	DATE	_	
	Signature, typed or pri	inted name of registered a		f applicable. (NOT	E: Registered		ignature required	when reinstating) ADDITIONS/CHANGES	DATE	D DIRECTO	
SIGNATURE 12. TITLE	Signature, typed or pr			f applicable. (NOT		Agent si	ignature required		DATE	ID DIRECTO	
12.	P	OFFICERS /		f applicable. (NOT	13.	Agent si	ignature required		DATE	_	DRS IN 12
12.		OFFICERS A		f applicable. (NOT	13. 1.1 TIT 1.2 NA	Agent si	ignature required		DATE	_	DRS IN 12
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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), 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 tristee 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:

STREET ADDRESS

CITY-ST-ZIP