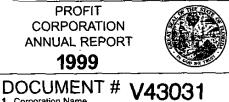
>FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

PRITCHARD & REISSMAN, P.A.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90093 007 ***150.00



Principal Place	of Business	Ma	ailing Address					iāt)iai aiāli a	DI) DIBN VII	
001 W CYPRESS ST 00 . AMPA FL 33607			P.O. BOX 25158 TAMPA FL 33622 US				DO NOT WRI	TE IN THIS	SPACE	
AMPA FL 33007							3. Date Incorporated or Qualifed			
							06/11/1992			
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number			Applied For
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		26	•				59-3127398			Not Applicable
Suite, Apt.	# etc	120,	Suite, Apt. #, etc.				T		\$8.7	5 Additional
2			27				5. Certificate of Status Desired		Fee	Required
City & State	9	28	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be d to Fees
Zip	Country	1	Zip	Cou	intry		8. This corporation owes the curr	ent year Int	angible	
4	25	29	ļ	30			Personal Property Tax.		Yes	XNo
-1	9. Name and Address of Current I		tered Agent	<u></u>			10. Name and Address of New I	Registered	Agent	
_ _			·		81	Name		-		
REISSMAN, MARSHALL G					82	Street Addr	ess (P.O. Box Number is Not Accepta	able)	_	
STE	W CYPRESS ST 200				83					
	PA FL 33607				Ц					
					84	City		FL	85 Z	ip Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Finna	la. Such change was at	ithorized	ועמו	me comoratio	oration submits this statement for the on's board of directors. I hereby accept	purpose of ot the appoi	changing ntment as	its registered registered
SIGNATURE										
	Signature, typed or printed name of registered agent a			 -	Agent	signature require	d when reinstating)	DATE	D DIDEO	TODE 151 42
12.	OFFICERS AND	DIRE		13.			ADDITIONS/CHANGES TO OF	FICERS AN		
III/E	DPT		☐ DELETE	1,1 TI	TLE				☐ Chang	je 🗀 Addition
NAME	PRITCHARD, EDWARD B.			1.2 N	AME	}				
STREET ADDRESS	5001 W CYPRESS ST STE 200			1.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	TAMPA FL 33607			1.4 C	ΠΥ-SΤ	-ZIP				
MILE	DVS		☐ DELETE	2,1 TI	TLE	ļ			Chang	ge
NAME	REISSMAN, MARSHALL G.			2.2 N	AME	}				
STREET ADDRESS	5001 W CYPRESS ST STE 200			2.3 S	TREET	ADDRESS				
CITY-ST-ZIP	TAMPA FL 33607			2.40	://Y-\$1	T-ZIP				
TITLE			☐ DELETE	3.1 TI	TLE				☐ Chang	ge 🔲 Addition
NAME (3.2 N	AME					
STREET ADORESS				3.3 S	TREET	ADORESS				
CITY-ST-ZIP				•	ity-s					_
TITLE			☐ DELETE	4.1 TI					Chang	ge Addition
VAME				4.2N	IAME	Į				
STREET ADDRESS						ADDRESS				
				- 1	TY-ST					
CITY-ST-ZIP			☐ DELETE	5.1 TI	_				Chang	ge Addition
				5.2 N		}				- -
VAME						ADDRESS				
STREET ADDRESS					TY-ST	i				
CITY-ST-ZIP	<u> </u>		DELETE	6.1 Ti					Chane	ge Addition
ME				6.2 N		}			- V-1411	3- D. WANDON
NAME						1000000				
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				6.4 C	ITY-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.