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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V47754 1. Corporation Name

A E NIETIMANI INC

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	JIVIAN, INC.						ľ
Dissipat Place	at Dusings	Mailing Address			'		H
Principal Place	-	_					
4403 HENDERSON BLVD. TAMPA FL 33629 TAMPA FL 33629 TAMPA FL 33629						•	
			US			DO NOT WRITE IN THIS SPACE	
00		00				3. Date Incorporated or Qualifed	
						07/01/1992	ſ
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number Applied For	
21	•	26				59-3133217 Not Applicat	ole
Suite, Apt. #, etc.		Suite, Apt. #, etc.				S8.75 Additional	
22		27		-		-5. Certificate of Status Desired Fee Required	-، م <u>مس</u> ات
City & State	е	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year Intangible	
24	25	29	30			Personal Property Tax.	
	9. Name and Address of Curi	ent Registered Agent		<u> </u>		10. Name and Address of New Registered Agent	
				81	Name		
	IZALO, ANTHONY J			82	Street Addre	Iress (P.O. Box Number is Not Acceptable)	
4403 HENDERSON BLVD				\Box			
TAMPA FL 33629				83			1
		•		84	City	85 Zip Code	
				**	City	FL S Z S S S S S S S S	
office or n	to the provisions of Sections 607.0 egistered agent, or both, in the Sta im familiar with, and accept the obli	te of Florida. Such change was	authorized	d by t	-named corpo he corporatio	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered	d
SIGNATURE		4103	FF. B. Jahan d			ed when reinstating) DATE	[
12.	Signature, typed or printed name of registered a	AND DIRECTORS	13.	Agent	signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
			13.	m F			
		AND DIRECTORS DELETE	1.1 TI		1	Change Add	
TITLE	PS /	DELETE DELETE	1,1 TI		/	Author J. GONZAD Change Add	
TITLE NAME	PS GONZALO, JENNIFER	DELETE	1.2 N	AME	ADDRESS F	Anthony J. Gonzab Authory J. Gonzab Lug & Henderson Blad	
TITLE NAME STREET ADDRESS	PS GONZALO, JEMNIFER 501 E KENNEDY BLVD #170	DELETE	1.2 N/ 1.3 S1	AME TREET	ADDRESS F	Anthony J. Gonzab Hunderson Blud	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GONZALO, JEMNIFER 501 E KENNEDY BLVD #170 TAMPA FL	no Dofele	1.2 N/ 1.3 S1 1.4 C/	AME TREET		Anthony J. Gonzalo 4403 Henderson Blud Tamor Fl 83629	ition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PS GONZALO, JEMNIFER 501 E KENNEDY BLVD #170 TAMPA FL ST	DELETE	1.2 N/ 1.3 S1 1.4 C/ 2.1 T/	AME TREET I ITY-ST- TLE		Anthony J. Gonzab Hunderson Blud	ition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PS GONZALO, JEMNIFER 501 E KENNEDY BLVD #170 TAMPA FL ST GONZALZ, ANTHONY	no Dofele	1.2 N/ 1.3 ST 1.4 C/ 2.1 T/ 2.2 N/	AME TREET A TTY-ST- TILE AME	-ZIP	Anthony J. Gonzalo 4403 Henderson Blud Tamor Fl 83629	ition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PS GONZALO, JEMNIFER 501 E KENNEDY BLVD #170 TAMPA FL ST GONZALZ, ANTHONY 4403 HENDERSON BLVD	no Dofele	1.2 N 1.3 S1 1.4 Cl 2.1 Tf 2.2 N 2.3 S1	AME TREET ITY-ST- ITLE AME TREET	-ZIP ADDRESS	Anthony J. Gonzalo 4403 Henderson Blud Tamor Fl 83629	ition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GONZALO, JEMNIFER 501 E KENNEDY BLVD #170 TAMPA FL ST GONZALZ, ANTHONY	DO Je le le DELETE	1.2 NJ 1.3 SI 1.4 CI 2.1 TI 2.2 NJ 2.3 SI 2.4 C	AME TREET ITY-ST- ITLE AME TREET CITY-ST	-ZIP ADDRESS	Anthony J. Gonzalo 4403 Henderson Blud Tampe Fl 83629 Change Addi	ition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	PS GONZALO, JEMNIFER 501 E KENNEDY BLVD #170 TAMPA FL ST GONZALZ, ANTHONY 4403 HENDERSON BLVD	DO DO LE LE DELETE	1.2 NV 1.3 SI 1.4 CI 2.1 TI 2.2 NV 2.3 SI 2.4 C 3.1.TJ 3.2 NV 3.3 SI 3.4.C	AME TREET TILE AME TREET TILE AME TREET TILE AME TREET TILE TREET TILE TREET	ADDRESS 1- ZIP ADDRESS	Anthon, J. Gonzalo 4403 Henderson Blud Tampe Fl 83629 Change Add	ition lition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GONZALO, JEMNIFER 501 E KENNEDY BLVD #170 TAMPA FL ST GONZALZ, ANTHONY 4403 HENDERSON BLVD TAMPA FL 33629	Delete	12 Nv 1.3 SI 1.4 CI 2.1 TI 2.2 Nv 2.3 SI 2.4 C 3.1 TI 3.2 Nv 3.3 SI 3.4 C 4.1 TI 4.2 Nv 4.3 S' 4.4 CI 5.1 TI 5.2 Nv	TREET, ITY-ST- ITLE AME TREET, ITLE AME TREET, ITLE TREET, ITLE TREET, ITLE TREET, ITLE TREET, ITLE AME	ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP	Anthon, J. Gonzab 4403 Hender son Blud Tampe F1 83629 Change Add	ition
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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 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 officer like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZîP

FILED Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90038 039 ***150.00