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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V59288

MORGAN, PADGETT & MIERZWINSKI, P.A.

| | • | | | | | | | | | |
|---------------------------------------|---|---|--|--|---|---|--|-------------------------|---------------------------------------|--|
| Principal Place | e of Rusiness | Mailing Address | | | | - 1 | 3 0 1 0 | /II: 01011 611 | ARI BIBII 1001 | |
| 501 E KENNEDY BLVD 501 E KENNEDY BLVD | | | .VD | | | | | | | |
| SUITE 1207 SUITE 1207 | | | | | | TO MOT WENT IN THE ODAO! | | | | |
| TAMPA FL 33602 TAMPA FL 33602 | | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | | | | |
| US | | US | | | | 08/21/1992 | • | | 7. | |
| a Deineinal D | lace of Business | 2a. Mailing Addres | S | | | 4. FEI Number | | App | lied For | |
| 2, Filiticipal F | lace of Gualifeas | 26 | _ | | | 59-3137962 | | Not | Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, e | tc. | | | 5. Certifcate of Status Desired | □ \$ | 8.75 Ac | | |
| 22 | | 27 | | | | 5. Certificate of Status Desired | | Fee Req | juired | |
| City & Stat | е | City & State | | | | 6. Election Campaign Financing | | 5.00 N | - 1 | |
| 23 | | 28 | | | _ . | Trust Fund Contribution | | Added to | Fees | |
| Zip | Country | Zip | Cour | ntry | | This corporation owes the cu Personal Property Tax. | rrent year Intangit ∏ | le ∕es Ì | XiNo | |
| 24 | 9. Name and Address of Currer | 29 | 30 | | | 10. Name and Address of New | | | | |
| | g. Name and Address of Currer | it Registered Agent | | 81 | Name | 10. | | | | |
| PAD | GETT, STANLEY T | | ļ | | Charat Adda | ess (P.O. Box Number is Not Accep | table) | | | |
| | E KENNEDY BLVD | | | 82 | Street Addre | ess (F.O. Box indiliber is indicace) | at majori | | · · · · · · · · · · · · · · · · · · · | |
| SUN | TE 1207 | | | 83 | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 極層網額 | 黑色绿色 | | |
| TAM | IPA FL 33602 | | | 84 | City | 7 (8) P. Telli (835) (1) | 3.4 34 34 34 5 7 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | Zip Co | ode | |
| | | | | - | • | | FL | | | |
| 11. Pursuant | to the provisions of Sections 607.050 registered agent, or both, in the State | 2 and 607.1508, Florida | Statutes, the at | ove- | -named corporation | oration submits this statement for the | e purpose of char ept the appointme | ging its r nt as req | egistered istered | |
| οπice or i | registered agent, or both, in the State rim familiar with, and accept the obliga | ations of, Section 607.05 | 05, Florida State | ites. | ano ocuporano | | , | | | |
| SIGNATURE | | | | | | | DATE | <u>:</u> . | | |
| | Signature, typed or printed name of registered age | nt and title if applicable. ND DIRECTORS | (NOTE: Registered | Agent | t signature required | ADDITIONS/CHANGES TO C | | RECTO | RS IN 12 | |
| 12. | P | DEL | | LE | - | ABBITOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTOT | | Change | Addition | |
| NAME | PADGETT, STANLEY T. | | . 1.2 NA | ME | | | | | | |
| STREET ADDRESS | CALE MENICON DINO CTE | 1207 | 1.3 ST | REET | ADDRESS | | | | | |
| CITY-ST-ZIP | TAMPA FL 33602 | | 1.4 CII | TY-ST- | -ZIP | | . <u>. </u> | | | |
| TITLE | VPD | ☐ DEL | .ETE 2.1 TIT | LE | | | | Change | Addition | |
| NAME | MIERZWINSKI, GREGORY E | | 2.2 NA | ME | | | | | | |
| STREET ADDRESS | 501 E KENNEDY BLVD STE 1 | 207 | 2.3 ST | REET. | ADDRESS | | | • | | |
| CITY-ST-ZIP | TAMPA FL 33602 | | 2. 4 CI | | T-ZIP | · | | Change | ☐ Addition | |
| TITLE | ST | ☐ DEL | | | | | Ц | Dilainge | [_] Addition | |
| NAME . | MORGAN, MARK G | | 3.2 NA | | | | • | | | |
| STREET ADDRESS | 7-1 1 T | 1207 | | | ADDRESS | | 원 경투[편] | | | |
| CITY-ST-ZIP | TAMPA FL 33602 | □ DEL | 3.4. CI LETÉ 4.1 TIT | | 1-219 | | 28 48 to 2 7 1 3 d | Change: | Addition | |
| NAME | | | 4.2 N | | | | | _ | | |
| STREET ADDRESS | | | 4.3 87 | | ADDRESS | | | | , | |
| CITY-ST-ZIP | '[| | | REET | · · · · · · · · · · · · · · | | | · . | | |
| | | | 4.4 Cf | | r-ZIP | 4 | · . · | | | |
| | 1 | ☐ DEI | | TY-ST | r-ZIP | | · | Change | Addition | |
| TITLE | ! | ☐ DEI | | TY-ST TLE | r-ZIP | | · | Change | Addition | |
| TITLE | | ☐ DEI | LETE 5.1 TT 5.2 N/ | TY-ST TLE VME | -ZIP ADDRESS | | · | Change | Addition | |
| TITLE NAME | | | .ETE 5.1 TI 52 N/ 5.3 ST 5.4 CI | TY-ST TLE VME REET TY-ST | ADDRESS | | | . | | |
| TITLE NAME STREET ADDRESS | | ☐ DEI | .ETE 5.1 TI 52 NA 5.3 ST 5.4 CI .ETE 6.1 TI | TY-ST TLE VME REET TY-ST TLE | ADDRESS | | | Change Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | .ETE 5.1 TI 5.2 No 5.3 ST 5.4 CI .ETE 6.1 TI 6.2 No | TY-ST TLE AME REET TY-ST TLE AME | ADDRESS | | | . | | |

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 chapted, for one an adachinent with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90046 034 ***150.00