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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V68147

1. Corporation Name

FIRSTD	OWN ENTERPRISES, INC.						
Principal Plac	ce of Business	Mailing Address			I REBUIX BEHEFUD DARUM TABION FADIA ÖVDÖV 14	IBI BIBII BIBII BIBII BIBII	PIEN GIBNI IDE
9000 NORTH 18TH STREET 9000 NORTH 18TH STREET			Т				
TAMPA FL 33604-2004 TAMPA FL 33604-2004			•				
U\$		US			DO NOT WRITE	IN THIS SPACE	
					3. Date Incorporated or Qualifed		٠, ,٠,
		- M-72- Add			10/01/1992		
 i	Place of Business	2a. Mailing Address			4 , 1 21 (40),1001	} 	pplied For
21 Cuite And	# -1-	26 Suite Ant it ata			59-3153456		ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5_Certifcate of Status Desired		Additional legulred
City & Sta	to .	City & State			- Floren Consider Financian		
	ie	28			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
23 ∤ Zip	Country	Zip	Coun	rv	•		to rees
24	25	29	30	•)	This corporation owes the current Personal Property Tax.	year intangible ☐ Yes	□No
24	g. Name and Address of Curre		1301		10. Name and Address of New Regi		
			1	1 Name		<u> </u>	
	HAEL AZZARELLI		ļ.,	Otro et Ario	June 100 Bay Number in Net Assentable	<u>, </u>	
	0°N. 18TH ST.		'	Street Add	dress (P.O. Box Number is Not Acceptable) Santonio al Arta de Ma	
	T E 2500		1	13		मन सम्बद्ध	5,1 7 54 (\$3)
TAM	1PA FL 33604		L				(1) [1] [1]
			{	City		FL 85 Zip	Code 1
11, Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	es, the abo	ve-named cor	poration submits this statement for the pur	pose of changing its	s registered
agent. I a	am familiar with, and accept the oblig	gations of, Section 607.0505, Flor gent and title if applicable. (NOTE:	rida Statut	es.		DATE	entry,
agent. I a SIGNATURE 12.	am familiar with, and accept the oblig Signature, typed or printed name of registered as OFFICERS A	gations of, Section 607.0505, Flor gent and title if applicable. (NOTE: NND DIRECTORS	: Registered A	es. gent signature requir	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTO	ORS 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 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 addless, with an other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

2-3-99

FILED

Feb 16, 1999 8:00am

Secretary of State

02-16-1999 90056 002 ***150.00

(813) 935-3187