## 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

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Principal Plac	ce of Business		Mailing Address		* 10041 B11811 100001 11001 10161 110161 110161 1	DON DEBAN DIBIN DIBIN DEBIN DIDIN BEDIN IDDI
13435 W. HILL TAMPA FL 336		ve 	P.O. BOX 819 OLDSMAR FL 34677		DO NOT WRITE	IN THIS SPACE
US					3. Date Incorporated or Qualifed	ATTIO OF NOL
					10/13/1992	
2. Principal F	Place of Busin	ess	2a. Mailing Address		4. FEI Number	Applied For
21		<u> </u>	26		59-3159597	Not Applicable
Suite, Apt.	. #, etc.	<u> </u>	Suite, Apt. #, etc.		5 Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Sta	te	1 1	City & State		6. Election Campaign Financing	\$5.00 May Bo
23			28		Trust Fund Contribution	Added to Fees
Zip	_	Country	Zip	Country	8. This corporation owes the current	year Intangible
24		25		30	Personal Property Tax.	☐ Yes
<del>-</del> · · · · · · · · · · · · · · · · · · ·	9. Name	and Address of Current F	Registered Agent	81 Name	10. Name and Address of New Reg	istered Agent
RU	ΉΔΝΔΝ ΔΙ	AN S		81 Name		
CL#134	35 W. HILLS	AN S. Borough ave	E. E. V.	82 Street Addr	ess (P.O. Box Number is Not Acceptable	)
	MPA FL 3363			83		on a king of the control of the cont
					<u> </u>	10 1 12 Pro 10 10 10 10 10 10 10 10 10 10 10 10 10
				84 City	· · · ·	FI 85 Zip Code
44 Durayant	to the provisi	and of Cations 607 000	1007 4500 El 11 Oct.			
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office or	registered age	ent or both, in the State of	Florida Such change was au ns at Section 607 0505. Flori	s, the above-named corp thorized by the corporation ida Statutes	oration submits this statement for the pur on's board of directors. I hereby accept th	pose of changing its registered e appointment as registered
	_	ent or both, in the State of the and coopt the obligation	Florida Such change was au ns at Section 607.0505, Flori	s, the above-named corp thorized by the corporation ida Statutes.	oration submits this statement for the pur on's board of directors. I hereby accept th	pose of changing its registered e appointment as registered
office of agent. I a	95	or printed name of registered agent ar	ne title if applicable. (NOTE:	Registered Agent signature required	d when reinstating)	DATE
SIGNATURE	Signature, Found	Mu 80	ny title of applicable. (NOTE:	Registered Agent signature required		DATE ERS AND DIRECTORS IN 12
SIGNATURE  12.  TITLE	Signature, 2004	or finited name or registered eyen a OFFICERS AND	ne title if applicable. (NOTE:	Registered Agent signature required 13. 1.1 TITLE	d when reinstating)	DATE
SIGNATURE  12.  TITLE  NAME	DPST BUCHANA	OFFICERS AND AN, ALAN S.	ny title of applicable. (NOTE:	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME	d when reinstating)	DATE ERS AND DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	DPST BUCHAN/ 13435 W.	OFFICERS AND AN, ALAN S. HILLSBOROUGH AVE	ny title of applicable. (NOTE:	13. 1.1TTLE 1.2 NAME 1.3 STREET ADDRESS	d when reinstating)	DATE ERS AND DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	DPST BUCHANA	OFFICERS AND AN, ALAN S. HILLSBOROUGH AVE	ny title of applicable. (NOTE:	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	d when reinstating)	DATE ERS AND DIRECTORS 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 supplied to the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee emplowered 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 of an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Jan 22, 1999 8:00am

**Secretary of State** 

813 814 0808