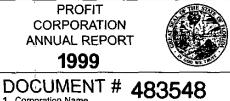
**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90033 002 \*\*\*150.00

EFFECTIVENESS, INC.					( 1984)) <b>6(46)</b> (4186 )(144 6(1)) 4(1984 ) 184	<b>Dis 6/8// BIBLI BIP</b> // 1	NRN 6(8) 1251	
Principal Plac	e of Business	Mailing Address				-{ 	ANT MIMEN MINDE WINTER M	INNETER INNE
206 S OCCIDENT ST P.O. BOX 25936 SUITE-107 P.O. BOX 25936								
TAMPA FL 33609 TAMPA FL 33622						DO NOT WRITE IN THIS SPACE		
U\$ US						3. Date Incorporated or Qualifed		
						08/28/1975		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number .	<u> </u>	plied For
21		26				59-1616672		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	
City & Stat	te .	City & State				6. Election Campaign Financing	\$5.00	<del></del>
23	-	28				Trust Fund Contribution	Added t	- 1
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year	Intangible	
24 '	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Register	ed Agent	
MOODE DODEDT D				81 N	Vame			}
MOORE, ROBERT B 206 S. OCCIDENT STREET					82 Street Address (P.O. Box Number is Not Acceptable)			
TAM	i e					<del></del>		
(/Wi	11 A 1 E 00000			83				
				84	City		85 Zip C	Code
11. Pursuant to the provisions of Sections 607/1502 and 607.1508, Florida Statutes, the office or registared agon, or both, in the state of Florida. Such change was author agent. Land applicary with and accept the obligations of, Section 607.0505, Florida S					amed corpo			registered
office or r	egistered agent for both, in the stelle of	Florida. Such change was	authorized	by the	corporation	's board of directors. I hereby accept the ap	pointment as reg	gistered
	an Jamiliar With Fand account any ordingation	yis oi, section 607.0505, ri	onda Stati	utes.				
SIGNATURE	S/gnature typed or plinted pome of registered agent in	and title if applicable. (NO	E. Registered	Agent sig	gnature required	when reinstating) DATE		——
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PD DELETE		1.1 Π	1.1 TITLE			Change	Addition
NAME :	MOORE, ROBERT B		1.2 N	AME				
STREET ADDRESS			1.3 \$7	1.3 STREET ADDRESS				
CITY-ST-ZiP	TAMPA FL 33609			1.4 CITY-ST-ZIP				
TITLE			2.1 T/				☐ Change	☐ Addition
NAME	MOORE, PAUL A.			2.2 NAME				
STREET ADDRESS	29034 LANDBRIDGE STREET	•		FREET ADI			*	·
CITY-ST-ZIP.	WESLEY CHAPEL FL	☐ DELETE		2.4 CITY-ST-ZIP 3.1 TITLE			☐ Change	Addition
TITLE	D   L.] Delete   Gough, Kay		3.1 H				☐ Change	
NAME STREET ADDRESS	11211 WHEELING DR		0.2.1	TREET AD(	ODEce			1
	TAMPA FL 33624			ITY-ST-ZI				
TITLE	TARILATE GGOZ4	DELETE	4.1 TI				☐ Change	Addition
NAME		_	4. 2 N					
STREET ADDRESS				REET AD	ORESS			
CITY-ST-ZIP				TY-ST-ZI	1			
TITLE		☐ DELETE	5.1 717				☐ Change	Addition
NAME	-		5.2 NA	ME		•		1
STREET ADDRESS			5.3 ST	REET ADI	DRESS			}
CITY-ST-ZIP				TY-ST-ZIF	P			
TITLE 15:	at so well	☐ DELETE	6.1 TP				Change	☐ Addition
NAME (F.			6.2 NA	ME				
STREET ADDRESS			6.3 ST	REET ADI	DRESS			1
CITY-ST-ZIP			6.4 CF	TY-ST-ZIF	P )			Ĭ

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 of trustee/employered 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.

SIGNATURE: