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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 462629

DUNCAN & TARDIF, P.A.

FILED Jan 27, 1999 8:00am Secretary of State

01-27-1999 90046 044 ***150.00



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Principal Place	of Business	Mailing Add	ress						
	STREET:SUITE 101	1601 JACKSO	N STREET:SUITE	101					
PO DRAWER 249			PO DRAWER 249			DO NOT WRITE IN THIS SPACE			
FORT MYERS FL 33902 FORT MYERS FL 33902			FL 33902			DO NOT WRITE IN THIS SPACE			
	-					3. Date Incorporated or Qualife	d		
						10/03/1974			
2 Principal Pla	ace of Business	2a. Mailing	Address			4. FEI Number		Apı	plied For
	ace of business	26		•		59-1551472		No.	t Applicable
21	4 -4-	Suite, At	ot # etc.					\$8.75 A	Additional
Suite, Apt. #	, etc.	— · ·	,, o		_	5. Certifcate of Status Desired	. 🗆	Fee Re	quired
22		27 - City & S	**************************************			6. Election Campaign Financing		\$5.00	May Be
City & State		⊢ ′	tate			Trust Fund Contribution	' 🖸	Added to	
23	<u> </u>	28		Carrata					
Zip	Country	Zip		Country		8. This corporation owes the cu	ment year no	∐ Yes	□No
24	25	29	30	<u> </u>		Personal Property Tax.	Degistered		
	9. Name and Address of Current	Registered Ag	ent		· · · · · ·	10. Name and Address of New	Registered	Agent	
	The second of the second			81	Name				
DUN	CAN, GORDON R			82	Street Ado	dress (P.O. Box Number is Not Accept	otable)		
1601 JACKSON STREET STE. 101				62 Street Addre		2000 (1.0. Dox 1.0. Dox 2. Dox	Angenta dan sebagai d	koling Spare goods g	Kanal garage aggr
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	to the provisions of Sections 607.0502		A	<u></u>	<u> </u>			s changing its	registered
FOR agent. Hai	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. Such one of Section	change was autr 607.0505; Florid	norized by a Statutes	the corporal	tion's board of directors. Thereby acc	ері іне арро	, manorit do vo	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Re	egistered Age	nt signature requi	red when reinstating)	DATE		200 1140
	Signature, typed or printed name of registered agent OFFICERS AND		(NOTE: Re	egistered Age	nt signature requi	ADDITIONS/CHANGES TO C			
12.	OFFICERS AND	DIRECTORS	(NOTE: R		nt signature requi	red when reinstating) ADDITIONS/CHANGES TO 0		ND'DIRECTO	DRS IN 12
12.	OFFICERS AND	DIRECTORS		13.	nt signature requi	ADDITIONS/CHANGES TO			
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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 other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/98

941 334 4574 Daytime Phone #