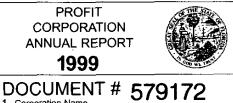
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name FM VERANDA, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Jun 08, 1999 8:00 am Secretary of State

06-08-1999 90002 024 ***550.00

	118 1. 118 1181 1181	

Principal Place	of Business	Mailing Address				I IMPRES Britt SMESS (MIN) (MIN) (MIN) (MIN) (MIN) (MIN)		
2122 2ND STRE	ET	2122 2ND STREET						
% PAUL D. PEDEN % PAUL D. PEDEN								
FT MYERS FL 3	33901	FT MYERS FL 33901				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 07/17/1978		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For		
21		26				59-1835680 Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired See Required Fee Required		
City & State		City & State				6. Election Campaign Financing \$5.00 May Be		
23		28	⊢ •			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	+ 		,	8. This corporation owes the current year Intangible		
24	25	29	¬ ¯′			Personal Property Tax. XYes □No		
	9. Name and Address of Curren					10. Name and Address of New Registered Agent		
				81	Name			
PED	en, paul d			<u></u>		A LL (D.O. Double basis Not Assessable)		
2122	SECOND ST.			82	Street	Address (P.O. Box Number is Not Acceptable)		
FT.M	YERS FL 33901			83	 			
}				84	City	FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable (NOT	E: Registered	d Age	nt signature r	required when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1,1 ∏	ITLE		☐ Change ☐ Addition		
NAME	PEDEN, PAUL D		1.2 N	AME				
STREET ADDRESS	2122 2ND ST.		1.3 S	TREE	T ADDRESS			
CITY-ST-ZIP	FT. MYERS FL		140	ITY-S	T-ZIP			
TITLE	STD	☐ DELETE	2.1 T	ITLE		✓ 🗘 Addition		
NAME	COOK,PETER M.		2.2 N	AME		PETER MCOOK		
STREET ADDRESS	8949 ANDOVER STREET		2.3 S	TREE	T ADDRESS	7771 Cameson Cital C		
CITY-ST-ZIP	FT. MYERS FL		2.40	CITY-S	ST-ZIP	PTMY eLS F1 33914		
TITLE		☐ DELETE	31 T	ITLE		☐ Change ☐ Addition		
NAME			3.2 N	AME		Chaig A Peden		
STREET ADDRESS			3.3 S	TREE	T ADDRESS	Chaig A Peden 2122 Second & T FTMy & F(3390)		
CITY-ST-ZIP			3.4. 0	CITY-S	ST-ZIP	FT MU & F1 33901		
TITLE		☐ DELETE	4.1 T			☐ Change ☐ Addition		
NAME			4.21	NAME				
STREET ADDRESS			435	TREE	TADDRESS :			
CITY-ST-ZIP			4.40	ITY-S	T-7/P			
TITLE		☐ DELETE	5.1 T			Change Addition		
NAME		-	5.2 N					
STREET ADDRESS			5.3 S	TREE	T ADDRESS			
1			5.4 C	ITY-S	T-ZIP			
CITY-ST-ZIP TITLE		DELETE	6.1 T			☐ Change ☐ Addition		
			6.2 N	IAME				
NAME			M		T ADDRESS			
STREET 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 changed, or on an attachment with an address, with all other like empowered.

941-334-8634