FILED

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90183 050 ***150.00

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

DOCU	MENT # H3136	4							
EXPLOR	nation management & C	DEVELOPMENT, INC.			. } 188	 			
Principal Plan	ce of Business	Mailing Address						IBN 8131) 61611 8	(1)
		ū							
9456 CEDAR RIDGE LN 9456 CEDAR RIDGE LN SARASOTA FL 34238 SARASOTA FL 34238						,			
US	. 54250	US					WRITE IN THIS	SPACE	
					3. Date Incom 11/27/19	porated or Qua	lifed		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Numbe			<u> </u>	olied For
21		26			59-2481	<u>901</u>			Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			5. Certifcate	of Status Desire	ed 🔲	\$8.75 A	
22		27							<u> </u>
City & State City & State					1	ampaign Finance Contribution		\$5.00 Added to	•
23	Country	Zip	Country				current year Int		7,000
Zip 24	25	<u> </u>	30			roperty Tax.	curioni year ini		□No
24	9. Name and Address of Curre	11	301				ew Registered	Agent	
	3. Hamo and Addies 5. Control		81	Name					
VRA	ABLE, STEPHEN R		82	Ctroot	Address (P.O. Box Nu	mber is Not Ac	centable)		
945	6 CEDAR RIDGE LN		02	Sireet	Address (P.O. Box Nu	IDEI IS NOT AC	cepiable)		
SAF	RASOTA FL 34238		83						
_			84	City				85 Zip C	ode
				City			FL	.	
14. Pursuant office or	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with and a cept the unit	502 and 607.1508, Florida Statute e of Florida. Such change was au nations of Section 607.0505. Flor	es, the above uthorized by rida Statutes	e-named the corpo	corporation submits the oration's board of direct	is statement for tors. I hereby a	r the purpose of accept the appoi	changing its ntment as reg	registered jistered
SIGNATURE	. // //// X.	Viance					1-1	19-59	,
SIGNATURE	Signature, typed or printed name of registered ag	<u> </u>		nt signature r	equired when reinstating)		DATE O OFFICERS AN		
12.		ND DIRECTORS	13.		ADDITIONS	/CHANGES IT	J OFFICERS AN	☐ Change	Addition
TITLE	P OTENIEN D	☐ DELETE	1,1 TITLE		10% A	VRABLE	,	onlange	
NAME	VRABLE, STEPHEN R	CHANGE	1.2 NAME		9452 CE	COAA RI	DLE LN		
STREET ADDRESS	-	Address.		TADORESS	SAAS	774 E/	- 3423	13	
CITY-ST-ZIP	NAPLES FL.	DELETE	1.4 CITY-S 2.1 TITLE	T- ZIP	341111 30	<u> </u>		Change	[] Addition
TITLE			2.7 MILE						_
NAME	9456 Cedar Ridge Ln			T ADORESS					
STREET ADDRESS	Sarasota, FL 34238-5804		2.4 CITY-5						
CITY-ST-ZIP		□ DELETE	3.1 TITLE)1-¢1r				Change	Addition
NAME			3.2 NAME		-	-			
STREET ADDRESS			3.3 STREE	TADDRESS					
CITY-ST-ZIP			3.4. CITY-5						
TITLE		DELETE	4.1 TITLE					Change	☐ Addition
NAME			4. 2 NAME						
STREET ADDRESS	S		4.3 STREE	T ADDRESS					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			 		
TITLE		☐ DELETE	5.1 TITLE				,	Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS	6		5.3 STREE	T ADDRESS					
CITY-ST-ZIP			5.4 CITY+S	T-ZIP					— — — — — — — — — —
TITLE		☐ DELETE	6.1 TITLE					☐ Change	☐ Addition

CITY-ST-ZIP 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 of 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, on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CR2E034 (11/98)