NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9300001193

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90035 037 ****61.25

1. Corporation		,001100			
Principal Place	e of Business	Mailing Address			
Principal Place of Business Mailing Address P.O. BOX 1984 P.O. BOX 1984 MARCO ISLAND FL 34146 MARCO ISLAND FL 34146					
—	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 03/05/1993	1
Suite, Apt.	# ata	Suite, Apt. #, etc.		4. FEI Number Applied Fe	or
22 Suite, Apt.	#, Bic.	27		65-0266263 Not Applic	
City & State	е	City & State	N-1-1-1-1-1	5. Certificate of Status Desired \$8.75 Addition Fee Required	nal
Zip	Country	28	Country	6 Flection Campaign Financing \$5.00 May B	e
24	25	29	30	Trust Fund Contribution Added to Fees	
	9. Name and Address of Curren			10. Name and Address of New Registered Agent	
			81 Name		
OSTROM, EUGENE W.			82 Street	Address (P.O. Box Number is Not Acceptable)	
1049 COTTONWOOD CT					
MARCO IS	SLAND FL 34145		83		
			84 City	FL 85 Zip Code	
11 Purcuant	to the provisions of Sections 617 050	2 and 617 1508. Florida Statute	s. the above-named	assession authority this statement for the purpose of changing its registe	red
office or n	registered agent, or both, in the State im familiar with, and accept the obligation	of Florida, Such chande was all	monzen ov the cortx	oration's board of directors. I hereby accept the appointment as registered	d
ı adent. i a	ım tamıllar with, and accept the obliga				
l .	000	N floation	ADIA.	1-5-979.	ļ
SIGNATURE	Signature, typed of printed name an egistered ager	il took took	Registered Agent signature re		
l .	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	1914 -	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
SIGNATURE	Signature, typed of philled name of egistered ager OFFICERS AN	nt and title if applicable. (NOTE:	Registered Agent signature in 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12 Addition
SIGNATURE	Signature, typed of philled name of ogistered ager OFFICERS AN T KEMNITZER, ED	nt and title if applicable. (NOTE:	Register of gent signature in 13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change A	
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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 617, 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-5-09

941-394-9407

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