## 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** 

## DOCUMENT # **P93000003408**1. Corporation Name

PLACE IN THE SUN OF S.W. FLORIDA, INC.

Principal Plac	e of Business	Mailing A	daress				į				
2670 S MCCAL	LL RD	2670 S M	CCALL RD								
12 ENGLEWOOD FL 34224			12 ENCLEWOOD EL 24224				DO NOT WRITE IN THIS SPACE				
US			ENGLEWOOD FL 34224 US				3. Date Incorporated or Qualifed				
••		••					01/11/1993	J			
2. Principal P	Place of Business	2a. Mailin	a Address				4. FEI Number		·	Applie	d For
21	nace of Eddings	26	g , .a.a. ooa				65-0382897		-		plicable
Suite, Apt.	#, etc.		Apt. #, etc.						\$8.7	75 Addi	<del></del>
22	·	27	•				5. Certifcate of Status Desi	red 🗌		e Requi	
City & State			City & State				6. Election Campaign Final	ncina	\$5	00 ма	v Be
23		28	28				Trust Fund Contribution		,	led to F	, ,
Zip	Country	Zip		Cour	ntry		8. This corporation owes th	e current yea	ar Intangible		
24	25	29	[:	30			Personal Property Tax.	•	∐Yes		No
	9. Name and Address of Curre	nt Registered A	\gent				10. Name and Address of	New Registe	ered Agent		
		4 · · · · ·			81	Name					
	EADGOLD, STUART	*		}	82	Street Addre	ess (P.O. Box Number is Not A	ccentable)			
	S MCCALL RD					Street Addie	smit in the state of	ar rough take	agete of the	g. n 1749	7.1 <u>4.1.15</u> 20
UNI				1	83		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$157.20	<b>建设机</b>	ģ 1. Žiji)	15.1
ENG	GLEWOOD FL 34224			- 1	84	City	t in the last		30( as 4, 80)	Zip Cod	1911 (72)
				į	84	City			FL  85	zip Coai	9
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508	3, Florida Statute	s, the ab	ove-	named corpo	ration submits this statement f	or the purpos	se of changin	g its reg	istered
office or n	registered agent, or both, in the State im familiar with, and accept the obliga-	e of Florida. Such ations of Section	h change was au n 607.0505. Flori	thorized da Statu	by th	he corporation	n's board of directors. I hereby	accept the a	ippointment a	s registe	ered
-0	····										
CICNIATURE											
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable	le. (NOTE: I	Registered /		signature required	when reinstating)	DAT	E		
SIGNATURE		ent and title if applicabl	3	Registered /		signature required	when reinstating)  ADDITIONS/CHANGES T		S AND DIRE		
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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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

CHRISTINE THROADGOLD

**FILED** 

Feb 11, 1999 8:00am

**Secretary of State** 

02-11-1999 90003 047 \*\*\*150.00