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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90020 030 ***158.75

DOCUMENT # P93000068735

WEBER DRAFTING, INC.

Principal Place	e of Business	Ma	ailing Address									
5600 TRAIL BLY	VD.	560	O TRAIL BLVD #10			-						
SUITE 5	-	SUI	SUITE 5									
NAPLES FL 34108		NAF	NAPLES FL 34108				DO NOT WRITE IN THIS SPACE					
US		US	US				3. Date Incorporated or Qualifed					
						'(09/27/19	93				
2. Principal P	lace of Business	2a.	Mailing Address				FEI Numbe				A	plied For
21			26				65-04385	578				ot Applicable
Suite, Apt. #, etc.		20	Suite, Apt. #, etc.			 '	OO OTOOL	J/ U				Additional
			-			5.	Certifcate o	of Status De	sired	\mathbf{Z}'		equired
22		27										 -
City & State			City & State				Election Ca				-	_May_Be
23		28					Trust Fund	Contributio	n		Added	to Fees
Zip	Country		Zip	Countr	У	8.	This corpor	ation owes	the curre	ent year int	tangible	_/
24	25	29		30			Personal Pr	roperty Tax			☐ Yes	₽No
	9. Name and Address of	Current Regist	tered Agent			10.	Name and	Address o	f New R	egistered	Agent	
				8	1 Name	\sim \sim	Cana		. 1	1	- A	
WEB	Ber, Gregory	REV .		<u> </u>		Shur		EGOR		VEB	1214	
	2 23RD PLACE S.W.	••	N-00 K 56	. 8:		Address (P.		nber is Not	Accepta	ble) j		
	LES FL 33999		ADDRESS	8:		011	157#	_AVI	<u> </u>	2 - W1		
IVATI	FEQ LF 20333		CHAIOTI	8	3							
			01009	8-	A City						85 Zip	Code
				0	4 City	23194				FL	. 32	
11. Pursuant	to the provisions of Sections 6	607.0502 and 60	07.1508. Florida Statut	es, the abo	ve-named	corporation	submits thi	s statemen	for the	ourpose of	changing its	registered
office or re	egistered agent, or both, in the	e State of Florid	la. Such change was a	uthorized b	y the corp	oration's boa	ard of direct	tors. I herel	y accep	t the appo	intment as re	gistered
												ł
agent. I a	m familiar with, and accept the	e obligations of,	Section 607.0505, Flo	rida Statute	is.	. 4	_				. 1	
agent. I a	m familiar with, and accept the	Well	Section 607.0505, Flo	EGOR	y A.	WEB	正凡	-	2	-6-0	19	
SIGNATURE	m familiar with, and accept the Signature typed or priviled name of pois	stered agent and title if	Section 607.0505, Flo CIPE (NOTE	ECOR Registered Ag	y A.	required when re	instating)			OATE		
	Signature typed or proved name of police. OFFICE	Well	Section 607.0505, Flo GIRG (NOTE CTORS	EGOR	y A.	required when re	instating)	CHANGES		DATE	ND DIRECTO	
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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:

TREGORY A. WEBER 2/6/99 (941) 594-9778

CKZEU34 (11/98)