

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # P95000023571

JOANNE CHARD, P.A., C.P.A.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90256 022 ***150.00



Principal Place	e of Business	Mailing Address						
2069 FIRST STREET 2069 FIRST		2069 FIRST STREET	ST STREET					
• • · · = · • · · · · · · · · · · · · ·		SUITE 301			D.	DO NOT WRITE IN THIS SPACE		
FT. MYERS FL 33901 FT. MYERS FL 33901					3. Date Incorporated		FACE	
					03/22/1995	or Qualified		
2. Principal P	tace of Business	2a. Mailing Address			4. FEI Number	,	Apr	olied For
21		26	_		65-0568594			t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		-		5Certifcate of Status	Desired	\$8.75 A		
22		27			o. Cel Invate G. Dialig	Desired	Fee:Re	quired
City & Stat	e	City & State	City & State		6. Election Campaign	6. Election Campaign Financing \$5.00 May Be		
23	28				Trust Fund Contrib	ution	Added to	Fees
Ziρ	Country	Zip Country		untry	· · · · · · · · · · · · · · · · · · ·	ves the current year Intai		
24	25	29	30	· · · · · · · · · · · · · · · · · · ·	Personal Property	1 40717		□No
	9. Name and Address of Cui	rrent Registered Agent		04 1		s of New Registered A	gent	
うともつに	T, JOANNE C			81 Na	bAnne (hard		
	S SANDPIPER PLACE			82 Str	eet Address (P.O. Box Number is	Not Acceptable)		
1	MYERS FL 33919							
	MIENO FE 33919			83				
				84 Cit	/	FL	85 Zip C	ode
11 Dureuant	to the provisions of Sections 607	0502 and 607 1508. Florida Sta	itutes the	above-pan	ned corporation submits this states		hanging its	registered
office or r	to the provisions of Sections 607. registered agent, or both, in the St im familiar with, and accept the ob	ate of Florida. Such change wa	s authorize	d by the c	orporation's board of directors. I h	ereby accept the appoint	ment as rec	jistered
agent. I a	im familiar with, and acceptine ob	oligations of, Section 2007.0505,	Fiorida Sta	itutes.		2/2/6	10	1
SIGNATURE	Signature, typed or printed name of registered	Lagent and title if applicable. (N	OTE: Registers	d Agent signa	ture required when reinstating)	DATE	<u> </u>	}
12.		AND DIRECTORS	13		ADDITIONS/CHANG	SES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1,1 1	TITLE		.	Change	☐ Addition
NAME	CHARD, JOANNE		1.21	NAME				
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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 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 attactment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99

Daytime Phone #

R2E034 (11/98)