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07-07-1999 90005 011 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # D96000074927

1. Corporation Name

Principal Place of Business: 24410 Stillwell Pkwy, Bonita Springs, FL 34135  
Mailing Address: P.O. Box 366548, Bonita Springs, FL 34136

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9-10-96

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

65-0693715

Not Applicable

26

5. Certificate of Status Desired

\$8.75 Additional Fee Required

27

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

28

8. This corporation owes the current year Intangible Personal Property Tax.

Yes No

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Southwest Professional Services of

82 Street Address (P.O. Box Number is Not Acceptable): Fort Myers, Inc.

83 13611 Mcgregor Blvd

84 City: Fort Myers, FL 85 Zip Code: 33919

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Patricia Goldberg, Pres.

*Patricia Goldberg*

6/23/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 12 rows for Officers and Directors. Row 1: DSTD Carolyn Williamson, 24410 Stillwell Pkwy, Bonita Springs, FL 34135.

Table with 12 rows for Additions/Changes to Officers and Directors. All rows are empty.

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: Carolyn Williamson Carolyn Williamson

6/26/99

941-495-9808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

P96000074927  
582240-90005-11

We did not receive  
a pre-printed form as  
usual. We obtained  
this one from our  
accountant.