Applied For

## 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 #

1. Corporation Name

iling Address  BECKLEY DRIVE
ICE FL 34292
Mailing Address
Suite, Apt. #, etc.
L 1

May 07, 1999 8:00 am Secretary of State

05-07-1999 90038 007 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

06/13/1995 4. FEI Number

21		26				65-0593763	No	t Applicable
Suite, Apt.	#, etc.	Suite, Ap	t. #, etc.			5. Certifcate of Status Desired	<b>\$8.75</b> / Fee Re	Additional equired
City & Stat	te	City & Sta	ate			6. Election Campaign Financing	\$5.00	Мау Ве
23		28				Trust Fund Contribution	Added t	o Fees
Zip	Country				У	8. This corporation owes the current y		<b></b>
24 25 29 30						Personal Property Tax.	☐Yes	<b>X</b> No
Name and Address of Current Registered Agent					Name	10. Name and Address of New Regis	itered Agent	
reutter, John W					Name			
906 BECKLEY DRIVE					2 Street Add	dress (P.O. Box Number is Not Acceptable)		
VENICE FL 34292				8:	3			
VEI	VEHICL I L 34232				"			
					4 City		FL     `	Code
office or i	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such cl	hande was aut	(norized b	v the corporal	rporation submits this statement for the purp tion's board of directors. I hereby accept the	appointment as re	gistered
	1// 17/ 4	Trest 4			is Reg	ofen 07	1/29/98	· [
SIGNATURE	Storiative, typed or printed harme of registered ag				ent signature requi		ÁTE .	
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	PD		DELETE	1.1 TITLE	ĺ		Change	Addition
NAME	REUTTER, JOHN W			12 NAME	:			
STREET ADDRESS	906 BECKLEY DRIVE			1.3 STRE	ET ADDRESS			İ
CITY-ST-ZIP	VENICE FL 34292			1.4 CITY-	ST-ZIP			
TITLE			DELETE	2.1 TITLE			☐ Change	Addition
NAME				2.2 NAME				
STREET ADDRESS	\$			2.3 STRE	ET ADDRESS .			İ
CITY-ST-ZIP				2.4 CITY-	ST-ZIP			
TITLE			DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME				3.2 NAME	. [			ļ
STREET ADDRESS				3.3 STRE	ET ADDRESS			
CITY-ST-ZIP				3.4. CITY-				
TITLE			DELETE	4.1 TITLE			Change	☐ Addition
NAME				4, 2 NAMI	E			
STREET ADDRESS				4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			_	4.4 CITY-		<u> </u>		
TITLE		I	DELETE	5.1 TITLE			Change	Addition
NAME				5.2 NAME				
STREET ADDRESS	;				ET ADDRESS			
CITY-ST-ZIP				5.4 CITY-				
TITLE			DELETE	6.1 TITLE			Change	☐ Addition
NAME				6.2 NAME				
STREET ADDRESS	3			6.3 STRE	ET ADDRESS			Î

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:

CITY-ST-ZIP