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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 181986

1. Corporation Name

INOMAH, INC.

Fillicipal Flac	e or business	Mailing Address			·	
99 9TH STREET NORTH NAPLES FL 34102		99 9TH STREET NORTH NAPLES FL 34102				
US		US			DO NOT WRITE IN THIS SPACE	
•					3. Date Incorporated or Qualifed	
					12/06/1954	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number Applied For	20
21		26			59-0761375 Not Applica	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional	ja ja
22	•	27			5. Certificate of Status Desired Fee Required	
City & Sta	te	City & State			6. Election Campaign Financing S5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year Intangible	
24	25	29	30	•	Personal Property Tax. Yes No	
 1	9. Name and Address of Current		1001	-	10. Name and Address of New Registered Agent	
		,		81 Name		
HOL	Brook, Jesse					<u>. </u>
41 SKYWAY DRIVE				82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
	LES FL 33942			83		31
				••		3
	•			84 City	85 Zip Code	**
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Ag age present						_
office or	t,to,the provisions of Sections 607.0502 registered agent, or both, in the State o am familiar with, and accept the obligati	of Florida.′Such change was a	authorized	I by the corpora	orporation submits this statement for the purpose of changing its registere ation's board of directors. I hereby accept the appointment as registered	d
US agent. La	registered agent, or both, in the State of am familiar with, and accept the obligation	of Florida.′Such change was a	authorized	I by the corpora	ation's board of directors. I hereby accept the appointment as registered	d
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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

6.2 NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

4100 SKING UT

MARIO REPORTE

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90024 025 ***150.00