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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Corporation	MENT # 602929 M. JONES, P.A.		-						
Principal Place	e of Business	Mailing Address	_		'	INDELO BERRI DORIO FEDIO CORRO DIO	IO IDIA BEDEL DIBIL DEDI	DIBIE DID	
Principal Place of Business 400 5TH AVE S SUITE 201 NAPLES FL 34102 US		400 TH AVE S SUITE 201 NAPLES FL 34102 US]	Incorporated or Qualifed	TE IN THIS SPACE	<u> </u>		
						<u>0/1971 </u>			
21 335	ace of Business	2a. Mailing Address 26 335 5+4	Aue :	<u> </u>	4. FEI N	umber 353107		Not a	ied For Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		-	5. Certif	cate of Status Desired	1 1 7	/ 5 Ad	lditional uired
City & State	e 	City & State 28 Samp			I	on Campaign Financing Fund Contribution	1 1	,00 M	- 1
Zi o	Country	Zip	Country	,	1	corporation owes the curre	· <u></u>	_	٦
24 Jams	25		30			onal Property Tax.	☐ Ye:	<u> </u>	3No
	9. Name and Address of Current	Registered Agent	81	Name	10. Nam	e and Address of New R	egistered Agent		
IOME	ES,RICHARD M.		61	Name					
	5TH AVE S. SUITE 201		82	Street A	ddress (P.O. Bo	x Number is Not Accepta	ble)		
	LES FL 33940		83	ပသ	7 2,	2 \ \ 104 2			
)	220 12 000 10							_	
•			84	City			FL 85	Zip Co	ode
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508. Florida Statute:	s the ahove	e-named c	orporation subn	its this statement for the	purpose of changi	ng its ře	egistered
office or n	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was au ons of, Section 607.0505, Flori	thorized by da Statutes.	the corpor	ration's board of	directors. I hereby accep	the appointment	as regi	stered
office or re agent. I at	egistered agent, or both, in the State on familiar with, and accept the obligation of the state of registered agent.	if Florida. Such change was au ons of, Section 607.0505, Flori and title if applicable. (NOTE: I	thorized by da Statutes.	the corpor	ration's board of	directors. I hereby accep	DATE	as regi	stered
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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 a faddress, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR