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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 603879							
r. Corporation	1 NAME EL & BALL, ATTORNEYS, P						
MICONINI	LE & DALL, ATTOHNETO, T	יחי			I HORANO DANIK BANGO ANTO HENIK KOTAP JURI BIRNI A	. N. 21011 (1411)	1111 1111 1111
	•						
Principal Place of Business Mailing Address						811 61911 61911	
1444 FIRST STREET 1444 FIRST STREET							
SARASOTA FL 34236 SARASOTA FL 34236					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					11/01/1972		ļ
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21	26				59-1435051	N N	lot Applicable
. Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	+	Additional
22		27			g. 30.1.10d.0 07 0.1.10 0.0.10 0		lequired
City & State	е	City & State			6. Election Campaign Financing		May Be
23		28	0		Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	•	This corporation owes the current year Interpretation Personal Property Tax.	angibie ∐Yes	□No
24]	9. Name and Address of Curren		10		10. Name and Address of New Registered		
·	a. Name and Address of Curren	t Negistered Agent	81	Name			
MCD	DANIEL, ROBERT S. JR				(DOD D. N. staria Nat Associable)		
1444 FIRST STREET			82	Street Add	iress (P.O. Box Number is Not Acceptable)		
SARASOTA FL 34236			83				
			\	i di		85 Zip	Code
			84	City	· FL	B5 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the abov	e-named con	poration submits this statement for the purpose of	changing its	s registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. Such change was aut	inorizea by	the corporat	ion's board of directors. I hereby accept the appoin	ntment as re	egistereo
SIGNATURE							_ \
SIGNATURE	Signature, typed or printed name of registered ager			nt signature requir	red when reinstating) DATE	D DIDEOT	2000 (1) 40
12.	OFFICERS AND DIRECTORS 13				ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	
TITLE	_		1.1 TITLE			C) Orlange	L] Accinon
NAME	MODITALE, MODELLE O. O. A.		1.2 NAME				-
STREET ADDRESS	*****			T ADDRESS			}
CITY-ST-ZIP			1.4 CfTY-5	ST-ZIP		Change	Addition
TITLE	VD CHARLES II	LJ DELET	2.1 TITLE 2.2 NAME				
NAME	BALL, OIT MEED !!			T ADORESS]
STREET ADDRESS				•	year and a second	·- · ·	- {
CITY-ST-ZIP			2.4 CITY-	\$1-ZIP		☐ Change	Addition
TITLE NAME			3.2 NAME	İ		-,	
STREET ADDRESS				TADDRESS			
			3.4. CITY-				Į
CITY-ST-ZIP		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADORESS			
CITY-ST-ZIP	· .		4.4 CITY-S	iT-ZIP	·		
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				}
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-5	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition j
NAME	}		6.2 NAME	Ì			

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 or an attachment with appears in all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP