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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 636595 1. Corporation Name

## FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90043 023 \*\*\*150.00

	IV, INC.	•			•					
		** **					181 BAR BARA BA			
Principal Place		Mailing Address				<b>₽</b>				
4851 DOLPHIN LANE FT MYERS BEACH FL 33931 FT MYERS BEACH FL 33931										
TO MILITY DENOTITE 30001						DO NOT WRIT	TE IN THIS S	SPACE		
		•	•		j	3. Date Incorporated or Qualifed	·	•	ļ	
						09/18/1979				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			Applied For	
21		26				59-1942194			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		•	Additional Required	
City & State		City & State				6. Election Campaign Financing		<del></del>	May Be	
City & State		28				Trust Fund Contribution			d to Fees	
<b>Zip</b>	Country	Zip	Cou	ntry		8. This corporation owes the curre	ent vear Inta			1
24	25	29	30	•	İ	Personal Property Tax.	-	Yes	□No	ļ
	9. Name and Address of Current	<del></del>	1			10. Name and Address of New R	Registered A	gent		1
				81 Name	)					
	ert, robert p.			82 Street	Addres	s (P.O. Box Number is Not Accepta	able)			İ
4851 DOLPHIN LANE				0551	. ,					
FT. N	MYERS BEACH FL			83						Ì
				84 City				85 Z	ip Code	1
							<u>FL</u>			
office or s	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	if Florida. Such change was a	いけいへいてゃく	by the corn	d corporation	ation submits this statement for the 's board of directors. I hereby accer	purpose of o of the appoin	changing itment as	its registered registered	
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flo	orida Stati	ites.	• •				_	Ì
SIGNATURE										(
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re  12. OFFICERS AND DIRECTORS						A Lastation A	DATE			۔ ا
	OFFICERS AND	<del>,, ''</del>		Agent signature	required w	then reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS ANI	D DIREC	TORS IN 12	É
	,	<del>,, ''</del>	13.		required w	then reinstating) ADDITIONS/CHANGES TO OF		D DIREC		14,00
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TITLE NAME	D ACKERT, PHILIP H	DIRECTORS	1.1 TI 1.2 NA 1.3 ST	LE ME REET ADDRESS Y-ST-ZIP					ge Addition	VD01034 (44,000)
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D ACKERT, PHILIP H 4851 DOLPHIN LANE FT MYERS BCH, FL 00000	D DIRECTORS	13. 1.1 T 1.2 N/ 1.3 ST 1.4 CI	LE ME REET ADDRESS Y-ST-ZIP LE				Chang	ge Addition	ODOF024 (44 100)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D ACKERT, PHILIP H 4851 DOLPHIN LANE FT MYERS BCH, FL 00000 SVD	D DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/	LE ME REET ADDRESS Y-ST-ZIP LE	S			Chang	ge Addition	ODOLO34 (44,000)
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CITY-ST-ZIP

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.