SSSQ       Pallance       Suite, Apt. #, etc.       State       State       State       State       State       State       State       State       State       Added to Status Desired       Status Desired Desired Desired Desired Desired       Status Desired	- CÓR ANNU	PROFIT PROFIT RPORATION JAL REPORT 1999	FTER MAY 1ST IS FLORIDA DEPAR Katherin Secretary DIVISION OF C	TMENT OF STATE <b>Harris</b> of State	FILE Feb 22, 1999 Secretary 0 02-22-1999 90036 02	9 8:00 am of State
Mailing Address       Mailing Address         014 00 SPEP ED NRSOTA FL 3(28)       463 000 MEPERS DR SARASOTA FL 3(28)       0 NOT WRITE IN THIS SPACE         9. Data Incorporation Transmission       30 Mailing Address       4. FEI Number         015 SS2 DATA FL 3(28)       30 Mailing Address       4. FEI Number         016 SS32 DATA FL 3(28)       30 Mailing Address       4. FEI Number         017 AST 5. Address       3. Cantification of Status Desired       2. Status Apl 4, etc.         017 AST 5.       2. Status Apl 4, etc.       3. Cantification of Status Desired       2. Status Apl 4, etc.         108 Cantage Address of Country       2. Status Apl 4, etc.       3. Cantage Address of Name Registrand Agent       1. Name and Address of Country       2. Status Appl 4, etc.         109 Cantage Address of Country       2. Status Appl 4, etc.       1. Name and Address of Country       2. Status Appl 4, etc.         139 Cantage Address of Country       2. Status Appl 4, etc.       1. Name and Address of Name Registrand Agent       1. Name and Address of Name Registrand Agent         141 Name       10. Name and Address of Country       2. Status Agent       1. Name and Address of Name Registrand Agent       1. Name and Address of Name Registrand Agent         142 Cantage Address of Sections 607 Add2 and 607 1562, Fonda Statutes, the above same and cooperations status at exponents the status Appl 4, etc.       1. Name and Address of Name Registrand	Corporation	1 Name				
August Art. Saczis     SARASOTA FL 34231109     DO NOT WRITE IN THIS SPACE       Improved Place of Bytimess     2a. Making Address     4. EEI Nomber     Applied       Suits Apt. F. etc.     2a. Making Address     4. EEI Nomber     Applied       Suits Apt. F. etc.     2a.     Suits Apt. F. etc.     5. Election Campaign Financing     Applied       Suits Apt. F. etc.     2a.     Suits Apt. F. etc.     5. Control Status Desired     5. Star 5 Acadima       Suits Apt. F. etc.     2a.     Country     6. Election Campaign Financing     Star 5 Acadima       Suits Apt. F. etc.     2a.     Country     8. The compation ones the cumunity set intangible     Added In Fee       Suits Apt. F. etc.     2a.     Country     8. The compation ones the cumunity set intangible     Added In Fee       Suits Apt. F. etc.     2a.     Country     1. The mark and Address of Current Registered Agent     1. Name       CASTIGLIONE: ROBERT P     483 DON MEYER DR     3a.     Star 5 Acadima     1. Star 5 Acadima       Generation on the Suite of Finance of Suite and Finance of Suite and Address of Current Registered Agent     1. Name     1. Star 5 Acadima       CASTIGLIONE: ROBERT P     483 DON MEYER DR     1. Star 5 Acadima and Markas	incipal Place	e of Business	Mailing Address		( <b>"BO</b> NION" ( ) ( <b>CO</b> NION" ( ) ( <b>CO</b> NION" ( ) ( <b>CO</b> NION" ( ) ( <b>C</b> ONION" ( ) ( <b>C</b> ONION" ( ) ( <b>C</b> ONION" ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	R REALT AND IS AND IN AND IS BEREF SAME
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Proceed Diploments       10/17/1990         Unstant Puess of Diploments       A. Malling Address       4. FB Number         Suite, A.R., etc.       20       Suite, Apt. 4, etc.       59-2039373       Nate App. 4         City & State       C. Certificate of Status Dealind       Yes Required       Yes Required       Yes Required         City & State       C. Certificate of Status Dealind       Yes Required       Yes Required       Yes Required         Zip       Country       Zip       Country       2.       Country       Yes Required         Zip       Country       Zip       Country       8. This corportion ones the current yes Intangble       Yes       Non         9. Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent       11. Name       Yes       Non         CASTIGLIONE, ROBERT P       Yes       Yes       Non       Yes       Non       Yes       Non         State of the provisions of Sections 607.0502, Forda Statuses, the above name corporation submits this statement for the purpose of changing Its register       Yes       Non         CASTIGLIONE, ROBERT P       Yes       Its Intrafiliation of Sections 607.0502, Forda Statuses, the above name corporation submits this statement for the purpose of changing Its register       Yes       Non         CASTIGLIONE, ROBERT P <td></td> <td></td> <td>US</td> <td></td> <td></td> <td>S SPACE</td>			US			S SPACE
SSB2       Palance Park Corde       28         Suite, Apt. F, etc.       20         Suite, Apt. F, etc.       20         City & State       20         Country       210         State, Apt. F, etc.       210         Country       210         State, Apt. F, etc.       210         Country       210         Country       210         State, Apt. F, etc.       210         Country       210         Country       210         State, Apt. F, etc.       210         Country       210         State, Apt. F, etc.       210         Country       210         Country       210         State, Apt. F, etc.       210					10/17/1980	
Suite Apt. #, etc	Principal Pl	Palmar Park Curch	2a. Mailing Address			Applied For Not Applicable
271     Prote Analysis       274     281       274     281       274     281       275     29       276     29       277     29       277     29       277     29       277     29       28     29       29     30       29     30       29     30       20     30       20     30       210     30       210     30       210     30       210     30       210     30       210     30       210     30       210     30       210     30       210     Amage and Address of New Registered Agent       211     212       212     Street Address (P.O. Box Number Is Not Acceptable)       213     212       214     100       215     Street Address (P.O. Box Number Is Not Acceptable)       216     110       217     Cost       218     Street Address (P.O. Box Number Is Not Acceptable)       219     210       211     210       211     211       211     211       211	Suite, Apt.					\$8.75 Additional
Sciral table       28       Trust Fund Contribution       Added to Feed         20       20       Country       20       Country       1       Answer and Address of New Registered Agent       10. Name and Address of New Registered Agent       10. Name and Address of New Registered Agent       10. Name and Address of New Registered Agent         9. Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent       10. Name and Address of New Registered Agent       10. Name and Address of New Registered Agent         CASTIGLIONE: ROBERT P       10. Name and Address (P.O. Box Number is Net Acceptable)       10. Name and Address (P.O. Box Number is Net Acceptable)       10. Name and Address (P.O. Box Number is Net Acceptable)         SARASOTA FL 34233       10       10. Name and Address (P.O. Box Number is Net Acceptable)       10. Name and Address (P.O. Box Number is Net Acceptable)         NATURE       10       10. Address of Oxford Officer State of Florida Statultes. Net appointment as register agent. I an familiar with, and accept the obligations of Section 607.0502, Florida Statultes.       10. Address TO OFFICERS AND DIRECTORS         NATURE       Digname, tipped egrindment and state packate       1001E mathematical during agent. I and familiar with, and accept the obligations of Section 607.0502, Florida Statultes.       10. Address TO OFFICERS AND DIRECTORS         State FLORERS AND DIRECTORS       13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS       13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	City 8 Stat					
3 4/2.3?       [2] Summe and Address of Current Registered Agent       10. Mame and Address of New Registered Agent       10. Mame and Address of New Registered Agent         0. Stand Address of Current Registered Agent       10. Mame and Address of New Registered Agent       10. Mame and Address of New Registered Agent         0. Stand Address of Current Registered Agent       10. Mame and Address of New Registered Agent       10. Mame and Address of New Registered Agent         0. Stand Address of Sections 607.0502 and 607.1508. Florida Statutes.       10. Mame and Address (P.O. Box Number is Not Acceptable)         0. The providence of Sections 607.0502 and 607.1508. Florida Statutes.       10. Mame and Address (P.O. Box Number is Not Acceptable)         0. Mame and Address of Sections 607.0502 and 607.1508. Florida Statutes.       10. Mame and Address (P.O. Box Number is Not Acceptable)         0. Parture to the providence of Sections 607.0502 and 607.0505. Florida Statutes.       10. Mame and Address T. I hereby accept the appointment is register agent of the appointment is register agent. I am familiar with, and accept the obligations of. Section 607.0505. Florida Statutes.       10. Mame and Address T. I hereby accept the appointment is register agent. I am familiar with, and accept the obligations of. Section 607.0505. Florida Statutes.       10. Mame address T. I hereby accept the appointment is register agent. I am familiar with, and accept the obligations of. Section 607.0505. Florida Statutes.         NATURE       0. Floride Statutes is registered Agent.       10. Floride Statutes.       0. Floride Statutes.         NATURE<	<b>~</b>	1				Added to Fees
9. Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent       CASTIGLIONE, ROBERT P 4483 DON MEYER DR SARASOTA FL 34233     81       84     City     FL       85     82       86     City       87     83       88     84       9. Name and Address of New Registered Agent       9. Name and Address of Sections 607.0502 and 807.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. I am familiar with, and accept the obligations of Section 607.0502. Florida Statutes.       Pursuant to the provisions of Sections 607.0502 and 807.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. I am familiar with, and accept the obligations of Section 607.0505. Florida Statutes.       NATURE     The provisions of Section 607.0502 and 807.1508. Florida Statutes.       9. P     CASTIGLIONE, ROBERT P       13. TADETIONS/CHANGES TO OFFICERS AND DIRECTORS     13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13. TREFADORES       1463 DON MEYER DR     13. TREFADORES       15.729     SARASOTA FL 34233     10.01.01.01.01.01.01.01.01.01.01.01.01.0						
CASTIGLIONE, ROBERT P 4483 DON MEYER DR SARASOTA FL 34233  Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. I an familiar with, and accept the obligations of Section 607.0502. Florida Statutes.  NATURE  Seguent main familiar with, and accept the obligations of Section 607.0502. Florida Statutes.  NATURE  Seguent is in familiar with, and accept the obligations of Section 607.0502. Florida Statutes.  NATURE  Seguent is in familiar with, and accept the obligations of Section 607.0502. Florida Statutes.  NATURE  Seguent is in familiar with, and accept the obligations of Section 607.0502. Florida Statutes.  NATURE  Seguent is in familiar with, and accept the obligations of Section 607.0502. Florida Statutes.  NATURE  Seguent is in familiar with, and accept the obligations of the statement of the purpose of change in the information seguence and with statement of the purpose of the appointment as register agents.  NATURE  Seguent is for a finite with and accept the obligations of the statement of the purpose of the appointment as register agents.  NATURE  Seguent is for a finite with and accept the obligations of the statement of the statement of the purpose of the appointment as register agents.  NATURE  Seguent is for a finite with and accept the obligations of the statement of the purpose of the appointment as register agents.  NATURE  Seguent is for a finite with and accept the obligations of the statement of the purpose of the appointment as register agents.  NATURE  Seguent is for a finite with and the finite device addition and the statement of the statement of the statement of the statement of the purpose of the appoint agent is a finite with and accept the appoint agent is a finite with and accept the appoint agent is a finite with a finite device with the finite with a finite with a finite device with the finite with a finite device with the finite with a finit agent is a finite	<u>,                                    </u>					
4463 DON MEYER DR SARASOTA FL 34233       82       Street Address (P.O. Box Number is Not Acceptable)         83       84       City       FL       85       Zip Code         Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Studies, the above-named corporation subhits this statement for the purpose of changing its register agent.1 and familiar with, and accept the obligations of, Section 607.0506, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as register agent.1 and familiar with, and accept the obligations of, Section 607.0506, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as register agent.1 and familiar with, and accept the obligations of, Section 607.0506, Florida Statutes, the agent is a familiar with, and accept the obligations of, Section 607.0506, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as register agent.1 and familiar with, and accept the obligations of, Section 607.0506, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as register agent.1 and familiar with, and accept the obligations of, Section 607.0506, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as register agent.1 and familiar with a difference agent and the register agent ag				81 Name		
SARASOTA FL 34233  B City City FL B S City FL B City FL B S City FL City FL City FL B S City FL B S City FL Ci				82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
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office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the deputationent as registered agent, and accept the obligations of, Sector BOY, 500, Florida Statutes.  NATURE  Updatum: typed or protect name of registered agent and title # applicative OFFICERS AND DIRECTORS  I. T CASTIGLIONE, ROBERT P CASTIGLIONE, ROBERT P CASTIGLIONE, MARILYN L CASTI				[ <b>84</b> ] City		. 185 Zip Code
E       CASTIGLIONE, ROBERT P         EE CASTIGLIONE, ROBERT P       13 STREET ADDRESS         SARASOTA FL 34233       14 CITY-ST-2P         E       SARASOTA FL 34233         E       CASTIGLIONE, MARILYN L         21 CASTIGLIONE, MARILYN L       23 STREET ADDRESS         SARASOTA FL 34233       24 CITY-ST-2P         E       CASTIGLIONE, MARILYN L         ST-2P       SARASOTA FL 34233         ST-2P       Change         ST-2P       SARASOTA FL 34233         ST-2P       SARASOTA FL 34241         ST-2P       SARET ADDRESS         ST-2P<	office or r	edistered agent, or both, in the State	of Florida, Such change was au	thorized by the corporat	poration submits this statement for the purpose (	of changing its registered
ET ADDRESS       4463 DON MEYER DR       1.3 STREET ADDRESS         ST.2P       SARASOTA FL 34233       14 CITY-ST-2P         CASTIGLIONE, MARILYN L       2.1 TITLE       Change         ET ADDRESS       4463 DON MEYER DR       2.3 STREET ADDRESS         ST.2P       SARASOTA FL 34233       2.4 CITY-ST-2P         T       DELETE       3.1 TITLE         ST.2P       SARASOTA FL 34233       2.4 CITY-ST-2P         T       DELETE       3.1 TITLE         BUCKHOLD, ROBLYN       3.2 NAME         ST.2P       SARASOTA FL 34233       3.4 CITY-ST-2P         Y       DELETE       3.1 TITLE         BUCKHOLD, ROBLYN       3.3 STREET ADDRESS       ST-2P         SARASOTA FL 34233       3.4 CITY-ST-2P         Y       DELETE       4.1 TITLE         SARASOTA FL 34241       DELETE       4.2 NAME         V       DELETE       5.1 TITLE         SARASOTA FL 34241       DELETE       5.1 TITLE         SARASOTA FL 34241       DELETE       1.1 TITLE         SARASOTA FL 34241       DELETE       5.1 TITLE         SARASOTA FL 34241       DELETE       6.1 TITLE         SARASOTA FL 34241       DELETE       6.1 TITLE         SARAE	office or n agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN	of Florida. Such change was au ations of, Section 607.0505, Flori ant and title if applicable (NOTE: I ND DIRECTORS	thorized by the corporat da Statutes. Registered Agent signature require 13.	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app ed when reinstatung) DATE	of changing its registered ointment as registered
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S       DELETE       21 TITLE       Change       Delete         CASTIGLIONE, MARILYN L       22 NAME       23 STREET ADDRESS       Change       Delete         St-ZP       SARASOTA FL 34233       24 CITV-ST-ZP       Change       Delete         T       DELETE       31 TITLE       Change       Delete         BUCKHOLD, ROBLYN       32 NAME       Change       Delete         BUCKHOLD, ROBLYN       32 NAME       Change       Delete         St-ZP       SARASOTA FL 34233       34. CITV-ST-ZP       Change       Delete         St-ZP       SARASOTA FL 34233       34. CITV-ST-ZP       Change       Delete         V       DELETE       41 TITLE       Change       Delete         St-ZP       SARASOTA FL 34233       34. CITV-ST-ZP       Change       Delete         V       DELETE       44. CITV-ST-ZP       Change       Delete         Str.ZP       SARASOTA FL 34241       DELETE       51. TITLE       Change       Delete         Str.ZP       SARASOTA FL 34241       DELETE       51. TITLE       Change       Delete       53. STREET ADDRESS       S3. STREET	office or n agent. I a NATURE	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN P CASTIGLIONE, ROBERT P	of Florida. Such change was au ations of, Section 607.0505, Flori ant and title if applicable (NOTE: I ND DIRECTORS	thonzed by the corporat da Statutes. Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app ed when reinstatung) DATE	of changing its registered ointment as registered
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ST.ZP       SARASOTA FL 34233       2.4 CIY-ST-ZP         T       DELETE       31 ITTLE         BUCKHOLD, ROBLYN       32 NAME         ET ADDRESS       4463 DON MEYER DR         ST.ZP       SARASOTA FL 34233       34. CIY-ST-ZP         V       DELETE       41 ITTLE         SMITH, GEORGE       4.2 NAME         SMITH, GEORGE       4.2 NAME         SMASOTA FL 34233       34. CIY-ST-ZP         V       DELETE         SMITH, GEORGE       4.2 NAME         SMASOTA FL 34241       4.2 NAME         DELETE       5.1 ITTLE         SARASOTA FL 34241       4.4 CIY-ST-ZIP         DELETE       5.1 ITTLE         SARASOTA FL 34241       Change         DELETE       6.1 ITTLE         SARASOTA FL 34241       Change         DELETE       5.3 STREET ADDRESS         ST-ZIP       SARAE         DELETE       6.1 ITTLE         SARASOTA FL 34241       Change         DELETE       6.1 ITTLE         SARAE       S.3 STREET ADDRESS         ST-ZIP       DELETE         BUELETE       6.1 ITTLE         SARAE       S.3 STREET ADDRESS         ST-ZIP	office or n agent. I a NATURE	egistered agent, or both, in the State m familiar with, and accept the obliga OFFICERS AN P CASTIGLIONE, ROBERT P 4463 DON MEYER DR SARASOTA FL 34233	of Florida. Such change was au ations of, Section 607.0505, Flori Int and title if applicable (NOTE: 1 ND DIRECTORS	thonzed by the corporat da Statutes. Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app ed when reinstatung) DATE	AND DIRECTORS IN 12
BUCKHOLD, ROBLYN       32 NAME         BUCKHOLD, ROBLYN       32 NAME         4463 DON MEYER DR       33 STREET ADDRESS         SARASOTA FL 34233       34. CITY-ST-ZIP         V       DELETE       4.1 TITLE         SMITH, GEORGE       4.2 NAME         SMITH, GEORGE       4.3 STREET ADDRESS         ST-ZIP       SARASOTA FL 34241         DELETE       5.1 TITLE         SARASOTA FL 34241       Change         DELETE       5.1 TITLE         ST-ZIP       DELETE         DELETE       5.1 TITLE         ST-ZIP       DELETE         DELETE       6.1 TITLE         G2 NAME       6.3 STREET ADDRESS         ST-ZIP       DELETE         DELETE       6.1 TITLE         Change       7.4 CITY-ST-ZIP         Change       6.3 STREET ADDRESS         ST-ZIP       0 DELETE         1 hereby centify that the information supplied with this filing does not qualify for the exemption stated in Section 119	office or r agent. I a NATURE ET ADDRESS ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the obliga OFFICERS AN P CASTIGLIONE, ROBERT P 4463 DON MEYER DR SARASOTA FL 34233 S CASTIGLIONE, MARILYN L	of Florida. Such change was au ations of, Section 607.0505, Flori Int and title if applicable (NOTE: 1 ND DIRECTORS	thonzed by the corporat da Statutes. Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app ed when reinstatung) DATE	AND DIRECTORS IN 12
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