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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21, 1999 8:00 am Secretary of State 04-21-1999 90116 024 ***150.00

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DOCUMENT #	F15682

1. Corporation Name

COVER MILEO INC

	MOSIC, IINC					1		*****	
Principal Place	e of Business	Mailing Address						414// 4-4	., ., .,
4350 FOWLER	ST #4	4350 FOWLER ST #4							
FT. MYERS FL		FT. MYERS FL 33901						_	
	· ·					DO NOT WRITE IN	THIS SPACE		·
						3. Date incorporated or Qualifed 01/22/1981			
2. Principal P	lace of Business	- 2a. Mailing Address	-7 1 2			4FEI Number		Appl	ied For
21		26				59-2054811		Not a	Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.					\$8.	75 Ad	ditional
22		27	•			5. Certificate of Status Desired	F	ee Req	uired
City & Stat	e	City & State				6. Election Campaign Financing	\$5	.00 M	lav Be
23		28				Trust Fund Contribution		ided to	-
Zip	Country	Zip	Col	untry		8. This corporation owes the current ye	ear Intangible		
- '	25	29	30			Personal Property Tax.	∐ Ye:]No
24	9. Name and Address of Curre		1001	T		10. Name and Address of New Regis	tered Agent		
	. Hame and Address of Garte	The state of the s		81	Name				
KRA	CMER, THOMAS			Ш					
	FOWLER ST #4		•	82	Street Addres	ss (P.O. Box Number is Not Acceptable)			
	YERS FL 33901								
	ITERIO TE GOSOT			83					ĺ
				84	City		85	Zip Co	de
	•				-		FL 👸		
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State im familiar with, and accept the obligation	of Florida, Such change was	authorize	HO DV L	-named corpo he corporation	ration submits this statement for the purpor's board of directors. I hereby accept the	appointment	as regi	stered
SIGNATORE	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	E: Registere	d Agent	signature required		TE		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	P	☐ DELETE	1.1 3	TTLE			∏ Ch	ange	☐ Addition
NAME	KRACMER, THOMAS		1.21	VAME					
STREET ADDRESS	4350 FOWLER ST #4								
CITY-ST-ZIP			1.3 9	STREET	ADDRESS				
	i ri mieno fl			STREET A			_		
TITLE	FT MYERS FL ST	☐ DELETE	1.4 0					ange	Addition
TITLE	ST	☐ DELETE	1.4 C	OTY-ST-			Cr	ange	Addition
NAME	ST KRACMER, ANNE	☐ DELETE	1.4 C 2.1 T 2.2 N	CITY-ST- ITTLE VAME	-ZIP	5	☐ CH	ange	Addition
NAME STREET ADDRESS	ST KRACMER, ANNE 4350 FOWLER ST #4	☐ DELETE	2.1 T 2.2 M 2.3 S	CITY-ST- IITLE NAME STREET	-ZIP ADDRESS	5	□ Cr	ange	Addition
NAME STREET ADDRESS CITY-ST-ZIP	ST KRACMER, ANNE		2.1 T 2.2 N 2.3 S 2.4	CITY-STA ITLE VAME STREET A CITY-ST	-ZIP ADDRESS	5	~ ~		
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NAME STREET ADDRESS CITY-ST-ZIP	ST KRACMER, ANNE 4350 FOWLER ST #4		2.1 T 2.2 N 2.3 S 2.44 3.1 T 3.2 N	CITY-ST- ITTLE NAME STREET / CITY-ST ITTLE NAME	-ZIP ADDRESS I-ZIP		~ ~		
NAME STREET ADDRESS CITY-ST-ZIP TITLE	ST KRACMER, ANNE 4350 FOWLER ST #4 FT. MYERS FL		2.1 T 2.2 N 2.3 S 2.4 4 3.1 T 3.2 N 3.3 S	CITY-ST- TITLE NAME STREET A TITLE NAME STREET A STREET A	ADDRESS 1-ZIP ADDRESS		~ ~		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ST KRACMER, ANNE 4350 FOWLER ST #4 FT. MYERS FL	☐ DELETE	2.1 T 2.2 N 2.3 S 2.44 3.1 T 3.2 N 3.3 S 3.4.4	CITY-ST- TITLE NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST	ADDRESS 1-ZIP ADDRESS		Cr	ange	Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP	KRACMER, ANNE 4350 FOWLER ST #4 FT. MYERS FL	☐ DELETE	1.4.6 2.1T 2.2 N 2.3 S 2.4 I 3.1 T 3.2 N 3.4.1 4.2 I 4.3 S 4.4 I 5.1 T 5.2 N 5.3 S 5.4 I 6.1 T	CITY-ST. TITLE VAME STREET, TITLE VAME STREET, TITLE VAME NAME STREET, TITLE VAME VAME STREET, TITLE VAME TITLE VAME TITLE VAME TITLE VAME TITLE VAME TITLE VAME TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	ADDRESS I-ZIP ADDRESS I-ZIP ADDRESS -ZIP ADDRESS			ange	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	KRACMER, ANNE 4350 FOWLER ST #4 FT. MYERS FL	DELETE	1.4 C 2.1 T 2.2 N 2.3 S 2.4 4 3.1 T 3.2 N 3.3 S 3.4.4 4.1 T 4.2 C 4.3 S 5.4 C 5.1 T 5.2 N 5.3 S 5.4 C	CITY-ST. TITLE VAME STREET J TITLE VAME STREET J TITLE NAME STREET J TITLE NAME VAME VAME	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS -ZIP ADDRESS -ZIP			ange	Addition Addition
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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.