FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93736 1. Corporation Name

408 BRINY AVE., INC.

ŀ	FILED
Feb 24,	1999 8:00 am
Secret	tary of State

02-24-1999 90188 020 ***150.00

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Principal Plac	e of Business	Mailing Address				
721 16TH WE	SOUTH 940 TI Bulf SHORE BIVE, APT 404 PLES, FL 34103 Place of Business The Bulf Shore Black	721 TOTAL AVE SOUTH	4		•	
USs	- BULLESHORE BIVE	NAPLES FL 33940 NUS 4451 GU IUA PLÉS	IFSHORE BNO.	DO NOT WRITE IN	THIS SPACE	
440	APT 404	dia di co	77 404	3. Date Incorporated or Qualifed		
NA	PLES, FL 34103	NAPLES				- Lind For
2. Principal F	Place of Business	2a. Mailing Address	" = RL141	4. FEI Number	<u> </u>	oplied For
21 4451	Place of Business L. C. L. F. SHORE Blown #, etc. APT 404	26 443 / GWL1-3h	TORE WIND IV	59-2260665		ot Applicable
Suite, Apt	.#, etc. APT 404	Suite, Apt. #, etc.	,	5. Certificate of Status Desired	•	Additional equired
22 NA	PLES, FL	27 A PT 40 4 City & State				.
City & Sta	te	City & State	F1	6. Election Campaign Financing	\$5.00 Added t	
23	0	City & State 28 NAPLES Zip	Country	Trust Fund Contribution		to rees
—₁⁴° <i>34</i>	4103 Country US	29 34/03 30		This corporation owes the current y Personal Property Tax.	. □ Yes	□No
24		 	<u> </u>	10. Name and Address of New Regis		
	Name and Address of Current F		81 Name	10. 1101110 0110		
ERT	ELL, MARIAN H	LE CHERE Blud	N			
	16TH AVES 4451 G	APT 404	82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
NAP	LES FL 33940 NAPLES	ulfshore Blud S, FL APT 404	83			
	34.					
	3,7	,,,,,	84 City		FL 85 Zip	Code
11 Pursuant	to the provisions of Sections 607,0502 a	and 607.1508. Florida Statutes.	the above-named corpo	oration submits this statement for the purp	ose of changing its	registered
office or a	registered agent, or both, in the State of am familiar with, and accept the obligation	Florida, Such change was auth-	orized by the corporatio	on's board of directors. I hereby accept the	appointment as re	gistered
SIGNATURE			 		ATE	
	Signature, typed or printed name of registered agent at OFFICERS AND		gistered Agent signature required	ADDITIONS/CHANGES TO OFFICE		DRS IN 12
12.	SD OFFICERS AND	□ DELETE	1.1 TITLE	ADDITIONAL TRANSPORT	☐ Change	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.

SIGNATURE:

941-262-4477 Daytime Phone #