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CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9400005448

## **FILED** Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90140 031 \*\*\*150.00

| LAS BRIS  | SAS, INC.  |  |   |   |   |                      |   |                                  |                    |                                |               |
|---|--|--|---|---|---|----------------------|---|----------------------------------|--------------------|--------------------------------|---------------|
| Principal Place   | e of Business  | Mailing Address  | <br>\$  |   |   |                      | \$ INDINE INTO IEIUT BEBAL BOTIL SOI  |                                  |                    | 1011 91991 1811 1              | 1861          |
| 28000 SPANISH WELLS DR.   |  | 28000 SPANISH WELLS DR.  |   |   |   | 1                    |   |                                  |                    |                                |               |
| BONITA SPRINGS FL 33923   |  | BONITA SPRINGS FL 33923  |   |   |   |                      | DO NOT WRITE IN THIS SPACE  |                                  |                    |                                |               |
|   |  |  |   |   |   | -                    | 3. Date Incorporated or Qualifed  |                                  |                    |                                | $\neg \neg$   |
|   |  |  |   |   |   |                      | 10/20/1994  |                                  |                    |                                |               |
| 2. Principal Pl   | lace of Business   | 2a. Mailing Add  | lress   |   |   |                      | 4. FEI Number   |                                  | $\neg$             | Applied Fo                     | or            |
| 21  |  | 26   |   |   |   | İ                    | 65-0515404  |                                  |                    | Not Applica                    | able          |
| Suite, Apt.   | #, etc.  | Suite, Apt. #  | ŧ, etc.   |   |   |                      | 5. Certificate of Status Desired  |                                  | • -                | 5 Additiona                    | al            |
| 22  |  | 27   |   |   |   |                      |   |                                  |                    | e Required                     |               |
| City & Stati  | e  | City & State   | •   |   |   |                      | 6. Election Campaign Financing  |                                  |                    | 00 May Be                      | ,             |
| 23  | Country  | <b>28</b>  | _   | Country   |   |                      | Trust Fund Contribution   |                                  |                    | led to Fees                    |               |
| Zip   | Country  | 29   | 30  | ¬ .   |   |                      | <ol><li>This corporation owes the currence<br/>Personal Property Tax.</li></ol>                     |                                  | ngible<br>∐Yes     | <b>X</b> No                    |               |
| 24  | 9. Name and Address of Current   |  |   | <u>'</u> !  |   | L                    | 10. Name and Address of New R   |                                  |                    |                                |               |
|   |  |  |   | 81  | Name  |                      |   |                                  |                    |                                |               |
| THE   | PRENTICE HALL CORPORATION  | System, Inc.   |   | 82  | Ctract  | Address              | s (P.O. Box Number is Not Accepta   | able)                            |                    |                                |               |
|   | HAYS ST.   |  |   | 02  | Sireet  | Addres               | is (F.O. Box Number is Not Accepte  | ibi <del>o</del> )               |                    |                                |               |
| TALL  | AHASSEE FL 32301   |  |   | 83  |   |                      |   |                                  |                    |                                |               |
|   |  |  |   | 84  | City  |                      |   | <del></del>                      | 85                 | Zip Code                       |               |
|   |  |  |   | 04  | City  |                      |   | <u> </u>                         |                    |                                |               |
|   |  |  |   |   | L   |                      |   |                                  | ومراجع مرجوا       | . 14                           |               |
| office or n<br>agent, I a   | to the provisions of Sections 607.0502<br>egistered agent, or both, in the State of<br>m familiar with, and accept the obligation  | f Florida. Such cha  | nge was autho   | orized by   | the corpo   | corpora<br>oration's | ation submits this statement for the s board of directors. I hereby accept                          | purpose of continued the appoint | hanging<br>tment a | j its register<br>s registered | ed            |
| office or n   | egistered agent, or both, in the State of  | f Florida. Such cha<br>ons of, Section 607                                   | nge was autho<br>.0505, Florida                       | orized by a Statutes.   | the corpo   | oration's            | s board of directors. I hereby acception  | DATE                             | ıment a            | s registered                   |               |
| office or reagent, I as SIGNATURE   | egistered agent, or both, in the State of<br>m familiar with, and accept the obligation<br>Signature, typed or printed name of registered agent<br>OFFICERS AND  | f Florida. Such chains of, Section 607 and title if applicable.              | nge was autho<br>.0505, Florida<br>(NOTE: Rec         | orized by a Statutes.  egistered Agen  13.  | the corpo   | oration's            | s board of directors. I nereby accep  | DATE                             | D DIRE             | CTORS IN 1                     | 12            |
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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:

Thomas J. Kelly, Secretary, 1/18/99, (630) 584-6580