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

**PROFIT ORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	F95000001584	4
1. Corporation Name	1 0000000100	•

## **FILED** Mar 16, 1999 8:00 am Secretary of State 03-16-1999 90135 013 \*\*\*150.00

		Mailing Address PO BOX 1395 BOCA GRANDE FL 33921			DO NOT WRITE IN THIS  3. Date Incorporated or Qualifed  Out 102/1005		
2 Principal	Place of Business	2a. Mailing Address			04/03/1995 4. FEI Number		oplied For
21 Philiopai	ridde of business	26			94-2665058	; <u> </u>	ot Applicable
Suite, Api	i. #. etc.	Suite, Apt #, etc				\$8.75	Additional
22		27			5. Certificate of Status Desired	Fee R	equired
City & Sta	ate	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country		This corporation owes the current year In		
24	25		30		Personal Property Tax	Yes	□ No
	9. Name and Address of Current	nt Registered Agent	81	Name	10. Name and Address of New Registered	Agent	
EI II	WER, PAUL JR		01	Name	_		
	WEN, FAOL ON 21 WEST SEVENTEENTH STREET	•	82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	BOX 1395		0.2				
	CA RATON FL 33921		83				
00	CA 11/A1011 1 2 00021		84	City	FL	85 Zip	Code
agent. I SIGNATURE	am familiar with, and accept the obliga	ations of, Section 607 0505. Flori	da Statutes		tion's board of directors. I hereby accept the appointment of the directors of the property of the directors		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PC	DELETE	1 1 TITLE			Change	Additio
NAME	HEALY, LIAM P		1.2 NAME				
STREET ADDRES			13 STREE	TADDRESS			
CITY-ST-ZIP	Dublin, ireland		1.4 CITY-ST-ZiP				( Anditros
TITLE	WC	☐ DELETE	2 1 TITLE			☐ Change	Addition
NAME	PARKINSON, JAMES J		22 NAME	1			
STREET ADDRES			1	TADDRESS			
CITY-ST-ZIP	DUBLIN, IRELAND	□ DELETE	2.4 C/TV+5			Change	Addition
TITLE	VTD	☐ £FFE1E	3: TITLE			change	(
NAME	EUWER, PAUL J s 1721 WEST 17TH STREET		3 2 NAME				
STREET ADDRES	BOCA GRANDE FL 33921		34 CITY-5	T ADORESS			
CITY-ST-ZIP	VSD	□ DELETE	4 1 TITLE	31-21		☐ Change	Addition
NAME	HOOPES, EDWARD		4 2 NAME	}			
STREET ADDRES	1744 100E 040BAB BBUE		ı	T ADDRESS			
CITY-ST-ZIP	BOCA GRANDE FL 33921		44 CITY-S				
TITLE		DELETE 5				Change	Addition
NAME			5.2 NAME				
STREET ADDRES	s		11				
CITY-ST-ZIP	T. Control of the Con		53 STREE	TADDRESS			
TITLE			54 CITY-S			_	
		☐ DELETE	54 CITY-S 61 TITLE			☐ Change	Addition
NAME		☐ DEFELE	54 CITY-S			☐ Change	Addition
	s	C DELETE	54 CITY-S 61 TITLE 62 NAME			☐ Change	☐ Addition

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 of 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 an an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR