

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90064 018 ***150.00

DOCUMENT # F95000006188

1. Corporation Name

FOSTER & DUNHILL, LTD., A CORPORATION



Principal Place of Business

NATIONAL BANK BUILDING
WEST SQUARE STREET
CHARLESTON, NEVIS, INDIES

Mailing Address

NATIONAL BANK BUILDING
WEST SQUARE STREET
CHARLESTON, NEVIS, INDIES

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

59-3352755

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MANISCALCO, MICHAEL
4890 W. KENNEDY BLVD.
SUITE 140
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. 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 registered 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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PCD**
STREET ADDRESS **PEWONSKI, ANTHONY J**
CITY-ST-ZIP **4890 W. KENNEDY BLVD., STE. 1 TAMPA FL**

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **BRYAN, PHILROSE**
CITY-ST-ZIP **THE LAW BUILDING THE VALLEY, ANGUILLA**

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **CRITHFIELD, DUANE J**
CITY-ST-ZIP **4890 W. KENNEDY BLVD., STE. 1 TAMPA FL**

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **DONALDSON, STEPHEN**
CITY-ST-ZIP **4890 W. KENNEDY BLVD., STE. 1 TAMPA FL**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **BRANTLEY, SHARON**
CITY-ST-ZIP **NATIONAL BANK BUILDING, WEST SQUARE STREET CHARLESTON, NEVIS, INDIES**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)

0001128