PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600000478

1. Corporation Name AID TOACER CODD

MIN I NAI	FIIC CONF.									
Principal Place	of Business	Mailing Address				-		Afte Ablik Baiel		8861 (811 1881
745 12TH AVE. SOUTH 745 12TH AVE. SOUTH										
SUITE E SUITE E NAPLES FL 34102 NAPLES FL 34102						DO NOT WRITE IN THIS SPACE				
NAPLES FL 341	02	US				3. Date Incorporated or Qualifed				
		•				01/29/1996				į
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			Api	olied For
	ace of Business	26				38-1981268			<u> </u>	Applicable
Suite, Apt. :	# atc	Suite, Apt. #, etc.							\$8.75 A	
22	r, 5to.	27				5. Certifcate of Stat	us Desired		. Fee Re	quired
City & State	9	City & State		_		6. Election Campai	n Financing		\$5.00	May Be
23		28				Trust Fund Cont	ibution		Added to	Fees
Zip	Country	Zip	Count	try		8. This corporation	owes the cui	rrent year In		_
24	25 29 30			1 of contain reporty voice				□No		
Name and Address of Current Registered Agent						10. Name and Add	ess of New	Registered	Agent	
WARDEN AND H				31	Name					
KABCENELL, JAMES H				32	Street Addre	ss (P.O. Box Number	s Not Accep	table)		
745 12TH AVENUE SOUTH, STE E			_							
PLANTATION FL 34102			8	33						
			8	34	City	1 0) EC			85 Zip C	Code
						APLES		FL	_	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was auth	onzeal	ov tr	named corpo ne corporation	oration submits this star n's board of directors.	hereby acce	e purpose o ept the appo	intment as reg	gistered
SIGNATURE										{
	Signature, typed or printed name of registered agent			gent :	signature required	when reinstating) ADDITIONS/CHA	NCES TO O	DATE CEICEDS A	ND DIRECTO	RS IN 12
12.	OFFICERS AND	DELETE	13.			ADDITIONS/CHA	NGES TO U	FFICENS A	☐ Change	Addition
TITLE	ru –									_
NAME	CEARIN, DAVID WI.				1000500					
STREET ADDRESS	1				ADDRESS .					
CITY-ST-ZIP	Tourists			'-ST-	ZIP				☐ Change	Addition
TITLE	_									_
NAME	CLARK, ROBERT				ADDDECC.					
STREET ADDRESS	1000 TOTALEST CENTO		2.3 STRI		ADDRESS			.		
CITY-ST-ZIP	Distance of the second of the				-217		••		Change	Addition
TITLE	- Tio		3.1 TITL! 3.2 NAM						•]
NAME	TO BOCINEE, OF WILLS II.		3.3 STREET ADDRESS		ANN PESS					-
STREET ADDRESS	140 IZITIALE. GOGINI, GONE E			3.4 CITY-ST-ZIP						ļ
CITY-ST-ZIP	100 000 10		3.4 CITY-ST-ZIP		Lif				☐ Change	Addition
NAME			4. 2 NAN						_	
STREET ADDRESS	AND TIRET ANTIQUES DUE DING			4.3 STREET ADDRESS						}
-	DETROIT MI	· ·	4.4 CITY							ļ
CITY-ST-ZIP TITLE	DETROIT MI	☐ DELETE	5.1 TITL	_					Change	Addition
NAME			5.2 NAM							٠ إ
STREET ADDRESS			5.3 STR	EET	ADDRESS					

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.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

62 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

DELETE

☐ Change

Addition

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90200 036 ***150.00