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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandre B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

1	MENT # F96000 VARTZ, INC.	0003697 (7)						1
Principal Plac	Mailing Address				——			
2312 BRUNER LANE FT. MYERS FL 33912 US		2312 BRUNER LANE FT. MYERS FL 33912 US		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified				
		* · · · · · · · · · · · · · · · · · · ·				07/22/1996		
2. Principal Place of Business 2s. Mailing Address 21						4, FEI Number		Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						16-1105869	\$8.7	5 Additional
27						5. Certificate of Status Desired		Required
City & State City & State 23 28						Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the cur		
24	25	29	30				Yes	Ø LNo
	9. Name and Address of Curre	ni Hegistered Agent		81	Name	10. Name and Address of New Registered	Agent	
SWARTZ, P. ALLAN								
2312 Br uner Lane Ft. Myers fl 33912				82	Street Add	lress (P.O. Box Number is Not Acceptable)		
]	MILIO I C OOO IZ			83				
				84	City	FI	85 2	Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607,1508, Florida Stati	ites, the ab	DOVE:	named cor	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	changir	ng its registered
agent. I a	im familiar with, and accept the oblig Signature, typed or printed name of registered ag	pations of, Section 607.0505, F	TI Registered	utes		irod when reinslating) DATE		
12.	OF LICE RS AND DIRECTORS PVST DELETE			13.		ADDITIONS/CHANGES TO OFFICERS AND	_	
TITLE NAME	PVST SWIADTZ D A	SWARTZ, P A		1.1 TITLE 1.2 NAME			L Chan	ge L Addition
STREET ADDRESS	2312 BRUNER LANE				ADDRESS			
City-ST-ZIP	FT. MYERS FL		1.4 01					
TITLE	OC .	☐ DELET E	2.1 T/I	1 F			Chan	ge Addition
NAME -	SWARTZ, P A		2.2 NA	ME				
STREET ADDRESS	2312 BRUNER LANE		2.3 STREET ADDRESS		- 1			
CITY-ST-ZIP	FT. MYERS FL	FJ. MTERS FL		2. 4 CITY - ST - ZIP 3.1 TITLE			Chan	ge Addition
NAME				3.2 NAME			Ondi	No CT Modition
STREET ADDRESS			4		ADDRESS			
CITY-ST-ZIP			3.4 CI	TY-ST	- ZIP			
TITLE		DELETE		4.1 TITLE			☐ Chan	ge Addition
NAME			4. 2 N/		1			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CtT 5.1 TtT		- Z(P		Chan	ge Addition
NAME			5.2 NA		Ì			
STREET ADDRESS					NDDAESS			
CITY-ST-ZIP			5.4 CIT		1			
TITLE		DELETE	6.1 TiT	LE	T		Chan	ge Addition
NAME			6.2 NA					
STREET ADDRESS					DDRESS			
CITY-ST-ZIP			6.4 CIT	Y-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.

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11-22-00

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FILED

May 11 1998 8:00am

Secretary of State