PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # GO1874

1. Corporation GEORGE	Name AO 1074						
Principal Place	of Business	Mailing Address			T (MANUS) MANUS (MANUS (MANUS (MANUS MANUS	MINET MINIT NEWST MINIT A	Reit Mikit Issu
7037 S TAMIAMI TR 7037 S TAMIAMI TR SARASOTA FL 34231 SARASOTA FL 34231							
0,11,10011112	V-1201				DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed 10/01/1982		
2. Principal Pl	ace of Business	2a. Mailing Address	-		4. FEI Number	Ap	plied For
21		26			59-2227671		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	
22	27					Fee Re	
City & State	e · · ·	City & State		٠ .	6. Election Campaign Financing	\$5.00	
23		[28]	C		Trust Fund Contribution	Added t	o rees
Zip ─¬	Country	Zip	Count	ry	This corporation owes the current ye Personal Property Tax.	ar intangible Yes	MNo No
24	9. Name and Address of Current		30	- 	10. Name and Address of New Regist		A
	9. Name and Address of Correct	r Kegistered Agent	- 8	1 Name	10. 11.		
HAU	SER, GEORGE R.						
8021 MIDNIGHT PASS RD				Street Ad	dress (P.O. Box Number is Not Acceptable)]
SARASOTA FL 34242			8	13			
						lan las	
			8	City		FL 85 Zip C	Code
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Flon	ioa Statuti	es.	rporation submits this statement for the purporation's board of directors. I hereby accept the		registered gistered
Signature, typed or printed name of registered agent and title if applicable. (NOTE:				gent signature requi	ired when reinstating) DA		
12.	OFFICERS AND	D DIRECTORS	13.	<u>. T</u>	ADDITIONS/CHANGES TO OFFICER	Change	Addition
TITLE	PST OF OF OR OF		1.1 TITLE	Ļ		Cridings	
NAME	HAUSER, GEORGE R.		1.2 NAM				Í
STREET ADDRESS	8021 MIDNIGHT PASS RD		1	ET ADDRESS			
CITY-ST-ZIP	SARASOTA FL	☐ DELETE	2.1 TITLE		 	[] Change	Addition
TITLE	D CEODOE D					ogo	
NAME	HAUSER, GEORGE R.		2.2 NAMI	1			
STREET ADDRESS	8021 MIDNIGHT PASS RD		1	EET ADORESS			
CITY-ST-ZIP	SARASOTA FL	☐ DELETE	2. 4 CITY 3.1 TITLE			Change	Addition
TITLE	·		3.2 NAM		· ·	_ : ··•	
NAME			•	EET ADDRESS			
STREET ADORESS	·			r-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAM				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP			4.4 CITY	1			
TITLE	X	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAM	E	•		
STREET ADDRESS			5.3 STRE	EET ADDRESS			{
CITY-ST-ZIP			5.4 CITY	-ST-ZIP			
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	6.1 TITL	<u> </u>		☐ Change	Addition

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 trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charges, or on an attachnery with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90016 016 ***150.00