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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H01664

O DADTHERO

C.I. PARTNERS, INC.

Principal Place of Business		Mailing Address				(
% ROY RICKARD		% ROY RICKARD							
3390 OCEANSHORE BLVD SUITE 402		3390 OCEANSHORE BLVD SUITE 402 ORMOND BEACH FL 32176		DO NOT WRITE IN THIS SPACE					
ORMOND BEACH FL 32176				3. Date Incorporated or Qualifed					
						05/02/1984			
2. Principal Pl	ace of Business	2a. Mailing Address	_			4. FEI Number		Applied For	
21		26			59-2395752	59-2395752 Not Applica			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		•	\$8.75 Additional				
22		27			3. Certificate of oteration beautiful	Fee	Required		
City & State		City & State		<u></u>	6Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution		ed to Fees	
Zip	Country	Zip	Cou	ınıry		This corporation owes the current year Intan Personal Property Tax.	gible ∃Yes	□No	
24	9. Name and Address of Current	29 Agent	30	T		10. Name and Address of New Registered Ag			
- K		Registered Agent		81	Name	10. Hame area	,		
RICHARD, ROY									
3390 OCEANSHORE BLVD.		82 Street Ad		Street Addre	dress (P.O. Box Number is Not Acceptable)				
SUITE 402				83					
ORM	OND BEACH FL 32176				0.1		85 2	Zip Code	
				84	City	FL	65 4	ap Code	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligati	of Florida. Such change was a	uthorized	ו עם נ	tne corporatio	oration submits this statement for the purpose of chin's board of directors. I hereby accept the appointr	anging nent a	g its registered s registered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered	Agent	t signature required	when reinstating) DATE			
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS AND	DIREC	CTORS IN 12	
TITLE	P	☐ DELETE	1.1 11	TLE			Char	nge 🔲 Addition	
NAME	RICKARD, ROY		1.2 N	AME				ļ	
					ADDRESS			1	
STREET ADDRESS	3390 OCEANSHORE BLVD.		1.3 \$1	TREET	, DDI LOO				
STREET ADDRESS CITY-ST-ZIP		1.7		TREET					
	3390 OCEANSHORE BLVD.	☐ DELETE		TY-ST			☐ Char	nge Addition	
CITY-ST-ZIP	3390 OCEANSHORE BLVD. ORMOND BEACH FL	☐ DELÉTE	1.4 CI	TY-ST			☐ Char	nge Addition	
CITY-ST-ZIP	3390 OCEANSHORE BLVD. ORMOND BEACH FL VD	☐ DELETE	1.4 CI 2.1 TI 2.2 N/	TY-ST TLE AME			☐ Char	nge Addition	
CITY-ST-ZIP TITLE NAME	3390 OCEANSHORE BLVD. ORMOND BEACH FL VD CORBETT, PATRICK		1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 C	TY-ST TLE AME TREET	r-zip Address				
CITY-ST-ZIP TITLE NAME STREET ADDRESS	3390 OCEANSHORE BLVD. ORMOND BEACH FL VD CORBETT, PATRICK P O BOX 2556 NA DAYTONA BEACH FL D	☐ DELETE	1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 C	TY-ST TLE AME TREET SITY-S	r-zip Address		☐ Char		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	3390 OCEANSHORE BLVD. ORMOND BEACH FL VD CORBETT, PATRICK P O BOX 2556 NA DAYTONA BEACH FL D GIOVANNI, GARY		1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV	TY-ST TLE AME TREET TILE AME	ADDRESS T-ZIP				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	3390 OCEANSHORE BLVD. ORMOND BEACH FL VD CORBETT, PATRICK P O BOX 2556 NA DAYTONA BEACH FL D GIOVANNI, GARY 707 S. ATLANTIC AVENUE		1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST	TY-ST TLE AME TREET TILE AME	ADDRESS T-ZIP ADDRESS ADDRESS				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	3390 OCEANSHORE BLVD. ORMOND BEACH FL VD CORBETT, PATRICK P O BOX 2556 NA DAYTONA BEACH FL D GIOVANNI, GARY	☐ DELETE	1.4 CI 2.1 Π 2.2 N/ 2.3 ST 2.4 C 3.1 Π 3.2 N/ 3.3 ST 3.4 C	TY-ST TLE AME TREET TLE AME TREET	ADDRESS T-ZIP ADDRESS ADDRESS	(Char	nge Addition	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	3390 OCEANSHORE BLVD. ORMOND BEACH FL VD CORBETT, PATRICK P O BOX 2556 NA DAYTONA BEACH FL D GIOVANNI, GARY 707 S. ATLANTIC AVENUE	☐ DELETE	1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST 3.4. C 4.1 TI 4.2 NV 4.3 ST	TY-ST TLE AME TREET TLE AME TREET TLE TREET THE TREET THE THE TREET THE THE TREET THE THE THE THE THE THE THE THE THE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP		Char	nge Addition	
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STREET 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, of or an attachment with an address, with all other like empowered.

SIGNATURE:

Opil 10 99 904-441-855

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90058 024 ***150.00