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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90085 031 \*\*\*150.00

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # H13321** 

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

|  | CORPORATED   |   |  |  |   | .                          |                     |              |                          |  |
|--|--|---|--|--|---|----------------------------|---------------------|--------------|--------------------------|--|
| Principal Place of   | f Business   | Mailing Address                               |  |  |   | ] '' <b>'''</b>            |                     |              |                          | . 81811 61611 1881                       |
| 2148 B MCGREGO   | OR BLVD  | 2148 B MCGREGO                                | R BLVD .   |  |   |                            |                     |              |                          |  |
| FT. MYERS FL 33901   |  | FT. MYERS FL 33901                            |  |  |   | DO NOT W                   | VRITE IN TH         | IIS SDACE    |                          |  |
| US .   |  | US  |  |  |   | 2 Data las                 | orporated or Qualit |              | IIO OFACE                |  |
|  |  |   |  |  |   | 1                          | •                   | ea           |                          |  |
|  |  | . On Maillian Addan                           |  |  |   | 07/23/<br>4. FEI Num       |                     |              |                          | Applied For                              |
| 2. Principal Place   | e of Business  | 2a. Mailing Addre                             | SS   |  |   | 59-243                     |                     |              | } <del></del>            | lot Applicable                           |
| 21   |  | . Suite, Apt. #,                              | nto  |  |   | 35 240                     | 2020                |              |                          | Additional                               |
| Suite, Apt. #, 6   | erc.   |   |  |  |   | 5. Certifcat               | e of Status Desired | <b>i</b> □   | <b>7</b> - · · · ·       | Required                                 |
| City & State   | <del></del>  | City & State                                  |  |  | <del></del>   | 6 Flection                 | Campaign Financi    | na           | \$5.00                   | May Be                                   |
|  |  | 28  |  |  |   | 1                          | nd Contribution     | a 🗀          |                          | to Fees                                  |
| Zip  | Country  | Zip   | Co   | ountry   |   | +                          | poration owes the   | current vear |                          |  |
| 24   | 25   | 29  | 30   | •  |   | 1                          | Property Tax.       | - ,          | Yes                      | □No                                      |
|  | 9. Name and Address of Current   | <del> </del>                                  | 1991   |  |   |                            | nd Address of Ne    | w Register   | ed Agent                 |  |
| •  |  | <u> </u>                                      |  | 81   | Name  |                            |                     |              |                          |  |
|  | , robert frederick   | •   |  | 82   | Ctro at Adda  | . (D.O. Bay I              | Number is Not Acc   | ontable)     |                          |  |
| 2148 B   | B MCGREGOR BLVD  |   |  | 62   | Street Addre  | ess (P.O. Box I            | NUMBER IS NOT ACC   | eptable)     |                          |  |
| FT MYE   | ERS FL 33901   | •   |  | 83   |   | *                          |                     | · · ·        |                          |  |
|  |  |   |  |  |   |                            |                     |              | · · · · · ·              |  |
| •  | ,  |   |  | 84   | City  |                            |                     | F            | - L   85   Zip           | Code                                     |
| SIGNATURE  | the provisions of Sections 607.0502 istered agent, or both, in the State of familiar with, and accept the obligation.  |   |  |  |   |                            | ectors. I hereby a  |              | pointment as             | registered                               |
| SIGNATURE Sig  | gnature, typed or printed name of registered agent<br>OFFICERS ANI   | and title if applicable.  D DIRECTORS         | (NOTE: Registere   | red Agent s  | ne corporation  | when reinstating)          | ectors. I hereby ac | DATE         | AND DIRECT               | ORS IN 12                                |
| SIGNATURE SIGNATURE 12.  | gneture, typed or printed name of registered agent OFFICERS ANI  | and title if applicable.                      | (NOTE: Registere   | red Agent s  |   | when reinstating)          |                     | DATE         |                          | ORS IN 12                                |
| SIGNATURE SIGNATURE  12.  TITLE V NAME E   | oneture, typed or printed name of registered agent OFFICERS AND  /D EVERS, FREDERICK J. JR.  | and title if applicable.  D DIRECTORS         | (NOTE: Registers   | red Agent s  |   | when reinstating)          |                     | DATE         | AND DIRECT               | ORS IN 12                                |
| SIGNATURE SIGNATURE  12.  TITLE V NAME E   | gneture, typed or printed name of registered agent OFFICERS ANI  | and title if applicable.  D DIRECTORS         | (NOTE: Registers 13 LETE 1.1   | red Agent s<br>3.<br>TITLE   | signature required  | when reinstating)          |                     | DATE         | AND DIRECT               | ORS IN 12                                |
| SIGNATURE  12.  TITLE V NAME E STREET ADDRESS 1  | oneture, typed or printed name of registered agent OFFICERS AND  /D EVERS, FREDERICK J. JR.  | and title if applicable.  D DIRECTORS  DE     | (NOTE: Registers   13   1.1   1.1   1.2   1.3   1.4   1.4   1.4   1.4   1.4   1.4   1.4   1.5    | red Agent s<br>3.<br>TITLE<br>NAME   | signature required  | when reinstating)          |                     | DATE         | AND DIRECT               | FORS IN 12<br>e ☐ Addition               |
| SIGNATURE  12.  TITLE V NAME E STREET ADDRESS 1 CITY-ST-ZIP F TITLE S  | OFFICERS AND   | and title if applicable.  D DIRECTORS         | (NOTE: Registere 13 LETE 1.1 1.2 1.3   | TITLE NAME   | signature required  | when reinstating)          |                     | DATE         | AND DIRECT               | FORS IN 12<br>e ☐ Addition               |
| SIGNATURE  12.  TITLE VAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  F  | OFFICERS AND OFFIC | and title if applicable.  D DIRECTORS  DE     | (NOTE: Registere 1.1 1.2 1.3 1.4 1.4 1.ETE 2.1   | TITLE NAME STREET A  | signature required  | when reinstating)          |                     | DATE         | AND DIRECT               | FORS IN 12<br>e ☐ Addition               |
| SIGNATURE  12.  TITLE VAME STREET ADDRESS 1 CITY-ST-ZIP F TITLE NAME   | OFFICERS AND OFFIC | and title if applicable.  D DIRECTORS  DE     | (NOTE: Registere  13 LETE 1.1 1.2 1.3 1.4 LETE 2.1 2.2   | TITLE NAME STREET AS   | signature required  LDDRESS   | when reinstating) ADDITIOI |                     | DATE         | AND DIRECT               | FORS IN 12<br>e ☐ Addition               |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  TITLE  CITY-ST-ZIP  F  CITY-ST-ZIP  F  CITY-ST-ZIP  F  STREET ADDRESS  CITY-ST-ZIP  F   | OFFICERS AND OFFIC | and title if applicable.  D DIRECTORS  DE     | (NOTE: Registers (NOTE: | TITLE STREET AL OTY-ST-2 STREET AL STREET AL STREET AL   | DDRESS  ADDRESS   | when reinstating)          |                     | DATE         | AND DIRECT Change        | FORS IN 12  e                            |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  F   | OFFICERS AND OFFIC | and title if applicable.  D DIRECTORS  DE     | (NOTE: Registere 1.1 1.2 1.3 1.4 LETE 2.1 2.2 2.3 2.4 LETE 3.1 1.4 LETE 3.1 LETE 3.1 1.4 LETE 3.1 LE | TITLE  NAME STREET AL CITY-ST-2 TITLE NAME NAME NAME STREET AL 4 CITY-ST-TITLE   | DDRESS  ADDRESS   | when reinstating) ADDITIOI |                     | DATE         | AND DIRECT               | FORS IN 12  Addition  Addition           |
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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 others like perpowered.