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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H20853**

1. Corporation Name

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Zip Country Country 3 10 25 USA 29 3 410 30 USA Personal Property Tax. 9. Name and Address of Current Registered Agent THOMPSON, STEPHEN ROBERT 5100 NORTH TAMIAMI TRAIL 126 NAPLES FL 34103 81 Name Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, byed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Signature, byed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Signature, byed or printed required agent and title if applicable. Note: Registered Agent signature required when reinstating) DATE Signature, byed or printed required agent and title if applicable.	Applied For Not Applicable 5 Additional Required 10 May Be ad to Fees
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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, and all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

Daytime Phone #

Change

Addition