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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # LIGEO19

Principal Place of B	usiness	Mailing Address
4475-F ASHTON RD SARASOTA FL 34233-9272		4475-F ASHTON RD SARASOTA FL 34233-9272
2. Principal Place o	f Business	2a. Mailing Address
¬ ·	of Business	2a. Mailing Address
¬ .		├ ──┐
Suite, Apt. #, etc		26
Suite, Apt. #, etc		26 Suite, Apt. #, etc. 27 City & State
Suite, Apt. #, etc 2 City & State		26 Suite, Apt. #, etc.
22		26 Suite, Apt. #, etc. 27 City & State

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90057 017 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/28/1984 4. FEI Number Applied For Not Applicable 59-2478203 \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible **X** No ☐ Yes Personal Property Tax. 10. Name and Address of New Registered Agent KING, JOHN R Street Address (P.O. Box Number is Not Acceptable) 4475-F ASHTON RD SARASOTA FL 34233-9272 83 Zip Code 85 84 City 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 its registered 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change DELETE 1.1 TITLE PST TITLE 1.2 NAME NAME KING, JOHN R 4475-F ASHTON RD 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE GALLAGHER, CHRISTOPHER G 2.2 NAME NAME 1723 CHEYENNE ST. 2.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34231 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 3.1 TITLE ☐ Change TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition 17 DELETE 4 STITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY+ST-ZIP Addition ☐ DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP