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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

CAPE CORAL FL

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAMÉ

TITLE NAME

TITLE

NAME

Principal Place	CUAST ACTIVEWEAH, IN se of Business PRADO BLVD	Mailing Address 4519-B DEL PRADÓ BLVD.					
GAPE CORAL US	L FL \$3904	CAPE CORAL FL 33904 US			DO NOT WRITE IN THIS SPACE		
08		03			3. Date Incorporated or Qualified		
					04/18/1985		
2. Principal f	Place of Business	2a, Mailing Address			4. FEI Number Applied F	or	
21		<u>├</u> ──┐	26		59-2535504 Not Applie		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			SR 75 Addition	$\overline{}$	
22		[27]	[27]		5. Certificate of Status Desired Fee Required		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country		This corporation owes or has paid the current year Intangible		
24	25	29 30		'	Personal Property Tax due June 30.		
24			T		10. Name and Address of New Registered Agent		
Et.	LIC CTEDUEN D		81	Name			
ELLIS, STEPHEN D. 4020 DEL PRADO BLVD. SUITE A-1							
			82 Street Addres		ddress (P.O. Box Number is Not Acceptable)		
C#	IPE CORAL FL 33904						
			84	City	FL 85 Zip Code	_	
11. Pursuant office or agent 1 a	to the provisions of Sections 607, registered agent, or both, in the Sam familiar with, and accept the ol	0502 and 607.1508, Florida Sta tutes, tl tate of Florida. Such change was autho oligations of, Section 607.0505, Florida	he abov orized b Statute	e-named co y the corpori s.	orporation submits this statement for the purpose of changing its registe ration's board of directors. I hereby accept the appointment as registe	ered red	
SIGNATURE							
	Signature, typed or printed name of registered			ent signature requ	quired when reinstating) DATE		
12.	OFFICERS PV	AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ddition	
TITLE	• •				F) cliquide	Mitton	
NAME			1.2 NAME				
STREET ADDRESS	***************************************		-	I ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-ST-ZIP		Charge L. A.	dilion	
TITLE	TS		2.1 TITLE		☐ Change ☐ Ac	ddilion	
NAME	ISABELLA, M. SUZANNE		2.2 NAME				
STREET ADDRESS	1100 0 10111 1 1 1 1 1 1 1 1 1 1 1 1 1			I ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL		2. 4 CITY-	ST-ZIP		dalah m	
TITLE	D		3.1 TITLE		L_ Change L_ Ac	dition	
NAME			3.2 NAME				
ETREET ADDRESS	1100 QE 1KTU TEDDACE		A A CTOFF	r annibere			

CITY-ST-ZIP 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.

3.4. CITY - ST - ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

41 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

Change

___ Change

Change

Addition

Addition

Addition

FILED

Apr 24 1998 8:00am

Secretary of State