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 # J27310

1. Corporation Name

Principal Place	ONARD	Ma C/K	ailing Address O LYNDA LEONARD							
2007 PERIWINKLE WAY 2007 PERIWINKLE WAY SANIBEL FL 33957 SANIBEL FL 33957							DO NOT WRITE IN THIS SPACE			
SANIBEL FL 33957 SANIBEL FL 33957							3. Date Incorporated or Qualifed			
							08/04/1986			
Principal Place of Business 2a. Mailing Address						4. FEI Number		App	olied For	
21 26							59-2718689		Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				_			5. Certificate of Status Desired		88.75 A	
27							3. Certificate of Status Desired		Fee Rec	quired
City & State City & State						6. Election Campaign Financing		\$5.00		
23		28					Trust Fund Contribution		Added to	Fees
Zip	Country	<u> </u>	Zip		intry		8. This corporation owes the current years of Personal Personal Trans			□No
24	9. Name and Address of Curre	29	tered Agent	30			Personal Property Tax. 10. Name and Address of New Regis			
·	3. Name and Address of Conte	in regio	tereu Agont		81	Name				
LEO	NARD BOYCE, LYNDA				-	01 1411	(D.O. B. Niverbarde New Assessments)			
2007 PERIWINKLE WAY					82	Street Addre	ess (P.O. Box Number is Not Acceptable)	n francisco	endri C. E. C.	184 (1951) 11 71
SAN	IBEL ISLAND FL 33954				83		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1871367	11.	
					84	City			35 Zíp C	
						•		FLI	- '	
11. Pursuant	to the provisions of Sections 607.05	02 and 6	07.1508, Florida State	ites, the a	bove	named corpo	oration submits this statement for the purpon's board of directors. I hereby accept the	ose of cha	inging its	registered
agent. La	im familiar with, and accept the oblig	a jons of	Section 607.0505, FI	lorida Stat	utes.	ne corporatio	in a board of directions. Thereby decept the	4/16	lon	,
SIGNATURE								T 118.	199	
								7.0	-1-/	
1	Signature, type				Agent	signature required	17. /	RS AND I	DIRECTO	RS IN 12
12.	OFFICERS A		CTORE	13.		signature required	ADDITIONS/CHANGES TO OFFICE	RS AND [DIRECTOI Change	RS IN 12
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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 attractment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FICER OR DIRECTOR

Feb 08, 1999 8:00 am Secretary of State

02-08-1999 90028 033 ***150.00