**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J30010

CAPTIVA ISLAND STORE, INC.

Principal Place of Business
11500 ANDY ROSSE-LANE
P.O. BOX 907
CAPTIVA FL 33924

2. Principal Place of Business

Mailing Address

2a. Mailing Address

26

11500 ANDY ROSSE LANE P.O. BOX 907 CAPTIVA FL 33924

## FILED Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90142 012 \*\*\*150.00



DO NOT	WRITE IN	THIS SPACE
DO NO1	MKHEIN	THIS SPAC

Applied For

Not Applicable

3. Date Incorporated or Qualifed

08/21/1986 4. FEI Number

59-2716796

Suite, Apt. i	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired		\$8.75 Ac Fee Req			
City & State	·	City & State			6. Election Campaign Financing		\$5.00 N	May Be	
23	•	28				Trust Fund Contribution		Added to	
Zip	Country	Zip	Coun	try	-	8. This corporation owes the curre	ent year Into	angible	
24	25	29 30			Personal Property Tax.				
,	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New R	egistered.	Agent	
		<del></del>	·   [	31 N	Name	•			
	GULNAC, MICHAEL E. 82 Street Addr			Street Addres	Address (P.O. Box Number is Not Acceptable)				
	1732 SERENITY LN			30000	nuiess (F.O. Box Number is Not Acceptable)				
SAN	IBEL FL 33957		[7	33		· · · · · · · · · · · · · · · · · · ·			
	•		Ĺ	34 0	City			85 Zip C	ode
					•		FL	, [ ]	
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	Signature, typed or printed name of registered age	ant and title if applicable. (NOTE: I	Registered A	gent sk	gnature required w		DATE		
12.	OFFICERS A	ND DIRECTORS	13.		<del></del> -	ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	DP	☐ DELETE	1,1 TITL	E				Change	Addition
NAME	GULNAC, MICHAEL E.		1.2 NAN	ŧĘ.	_	- 1 1 " 1 7 4			ļ
STREET ADDRESS	1732 SERENITY LN		1.3 STR	EET AD	DRESS 92	34 Kincad Count			
CITY-ST-ZIP	SANIBEL FL		1.4 CIT	-ST-Z	ip   S	ianibel Fl			
TITLE	-	☐ DELETE	2.1 TITL	Ε	1	•		Change	Addition
NAME	,		2.2 NAM	!E					i
STREET ADDRESS			2.3 STREET ADDRESS		DRESS				
CITY-ST-ZIP		_	2, 4 CIT	Y-ST-Z	ZIP	·			
TITLE	*	☐ DÉLETE	3.1 TITL	E	•			Change.	. Addition.
NAME			3.2 NAM	<b>4</b> E					
STREET ADDRESS			3.3 STR	EETAD	XORESS				
CITY-ST-ZIP			3.4. CIT	Y-ST-Z	ZIP .				
TITLE		☐ DELETE	4.1 TITL	E				Change	☐ Addition
NAME			4. 2 NA	ME			•		
STREET ADDRESS			4.3 STR	EET AD	ORESS				ł
CITY-ST-ZIP			4.4 CIT	∕-ST-Z	IP				
TITLE		☐ DELETE	5.1 TITLE				•	Change	☐ Addition
NAME			5.2 NAM	Æ					
STREET ADDRESS	,		5.3 STR	EET AD	DORESS -				
CITY-ST-ZIP			5.4 CIT	Y-ST-Z	IP				
TITLE		☐ OELETE	6.1 उसा	E				Change	Addition
NAME	,		6.2 NAM	Æ					}
STREET ADDRESS		•	6.3 STF	REET AC	DORESS .				ļ
1	,		6.4 CIT	Y-ST-Z	OP I				ľ
CITY-ST-ZIP	<u> </u>					otion 110 07/3\/i) Florida Statutes	1 &	4:6. that the in	formation

14. I hereby certify that the information supplied with this filling 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.

SIGNATURE: