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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT#** 146744

Principal Place of Business	Mailing Address	
•	1101 STOEBER AVENUE	
1101 STOEBER AVENUE SARASOTA FL 34232	SARASOTA FL 34232	

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90062 041 ***150.00



1101 STOEBER AVENUE SARASOTA FL 34232		SARASOTA FL 34232		DO NOT WRITE IN THIS SPACE			
						IS SPACE	
					3. Date Incorporated or Qualifed 12/09/1986	ينسوي المستديد	
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
	acc of 200m300	26			59-2741099	No	t Applicable
Suite, Apt. :	# otc	Suite, Apt. #, etc.		···		\$8.75 A	Additional
22	#, Gtc.	27			5. Certificate of Status Desired	Fee Re	quired
City & State	e	City & State	.,		6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year	ntangible	
24	25	29	30		Personal Property Tax.		No
44	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registere	d Agent	
			81	Name			
MILL	er, martha J.		82	Ctroot Add	Iress (P.O. Box Number is Not Acceptable)		
1101	STOEBER AVENUE		62	Street Add	iress (F.O. Box 14umber is 140t Acceptable)	un display mente display	profit believe til 71.
SAR	ASOTA FL 34232		83			117 110 111	and the last
				<u> </u>	2 (\$ 41) Feb 21 (* 12) \$ 11 11		31/31 5181 1531
			84	City	F	85 Zip (Code
tage or estimate	007.050	o - 1 007 4000 Florido Statut	on the abou	e-named con	esection submits this statement for the nurnose	of changing its	registered
					ion's board of directors. I hereby accept the app	ointment as re	gistered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Flo	rida Statutes	3.		•	
SIGNATURE					DATE		
	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE		nt signature requir	eu witeri tellistating/	AND DIDEOTO	
					ADDITIONS/CHANCES TO DESICEDS		1RS IN 12
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	D DIRECTORS	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	PD		1.1 TITLE 1.2 NAME	T ADDRESS			
TITLE NAME STREET ADDRESS	PD MILLER, JOHN N.		1.1 TITLE 1.2 NAME			Change	Addition
TITLE NAME	PD MILLER, JOHN N. 1101 STOEBER AVENUE		1.1 TITLE 1.2 NAME 1.3 STREE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD MILLER, JOHN N. 1101 STOEBER AVENUE SARASOTA FL 34232	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S			Change	Addition
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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, with all other like empowered. CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS