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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J67393

1. Corporation Name CALIDA INC

CALIDA,	INC.				*PO#### BUILT BUILT #### 1544 1544 1544 1544		
Principal Place	e of Business	Mailing Address					••••
2451 BEE RIDG	ie rd	2451 BEE RIDGE RD					
SUITE 207 SUITE 207 SARASOTA FL 34239 SARASOTA FL 34239					DO NOT WRITE IN THI	S SPACE	
US US					3. Date Incorporated or Qualifed		
					04/15/1987		
Principal Place of Business 2a. Mailing Address					4. FEI Number	A	pplied For
$_{21}$ c/o R Koepsel-NoTrBk $_{26}$ c/o R Koepsel			el-No	TrBk	59-2802205		ot Applicable
Suite Apt. # etc. Suite Apt. # etc. Suite Apt. # etc. 27 P. 0. Box 409			4097		5. Certificate of Status Desired		Additional lequired
22 27							<u> </u>
City & Stat	sota, Florida	⊢ Caracata 1	Flori	da	6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip Zip	Country	Zip	Country		8. This corporation owes the current year li		10.000
34236		34230 30	¬	SA	Personal Property Tax.	X Yes	□No
24 3 1230	9. Name and Address of Current		<u> </u>		10. Name and Address of New Registerer	i Agent	
			81	Name			
MOORE, JOHN L				Street Ad	Idress (P.O. Box Number is Not Acceptable)	-	
- WILLIAMS, PARKER, HARRISON ATTNYS				Ollootria	dross (F. O. Box (talliss is free, topspill)		
	S ORANGE AVE		83				
SAR.	ASOTA FL 34236		84	City		85 Zip	Code
•					F	L <u> </u>	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	e-named co	propration submits this statement for the purpose of ation's board of directors. I hereby accept the app	of changing its cintment as re	s registered eaistered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florida	a Statutes				
SIGNATURE					ired when reinstating) DATE		
	Signature, typed or printed name of registered agent OFFICERS AND		egistered Ager	t signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	PD	DELETE	1.1 TITLE		7,0011101107017411020 10 0,1102101	Change	
NAME	KOEPSEL, RONALD E	<u> </u>	1.2 NAME				
STREET ADDRESS	1515 RINGLING BLVD		1.3 STREET	ADDRESS			
	SARASOTA FL 34236		14 CITY-S		-		
CITY-ST-ZIP	VPD	DELETÉ 2.		, <u>- </u>	Anna Angula Antique Barrano (Barrano (Barrano) Barrano (Barrano) B		☐ Addition
NAME	BERLIN, FRANK				1516 Courth Orongo Aug	muo	
STREET ADDRESS	2451 BEE RIDGE RD			ADDRESS	1516 South Orange Ave Sarasota, Florida 342	11ue	
CITY-ST-ZIP	A 1 1 1 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1		2. 4 CITY-S	- 1	Sarasota, Florida 342	.50	
TITLE	VPD	☐ DELETÉ	3.1 TITLE			☐ Change	☐ Addition
NAME	REYNOLDS, GREGORY		3.2 NAME				
STREET ADDRESS	2439 BEE RIDGE RD		3.3 STREET	ADDRESS			
CITY-ST-ZIP	SARASOTA FL		3.4. CITY-9	T-ZIP		 :	
TITLE	S	☐ DELETE	4.1 TITLE		Markey - Bartlett, Ei	Change	· ☐ Addition
NAME	MARKEY, EILEEN M		4. 2 NAME				'A •
STREET ADDRESS	2451 BEE RIDGE RD		4.3 STREET	ADDRESS	8846 Misty Creek Driv		•
CITY-ST-ZIP	SARASOTA FL 34239	[]	4.4 CITY-S	r-ZIP	Sarasota, Florida 342	X) Change	Addition
TITLE			5.1 TITLE			T Change	LI Addisoli
NAME	ACROOM, GAMES IT		5.2 NAME 5.3 STREET	r ADDOESS	2603 Sunnyside Street		
STREET ADDRESS	2451 BEE RIDGE RD				Sarasota, Florida 342	:39	
CITY-ST-ZIP	SARASOTA FL 34239	☐ DELETE	5.4 CITY-S 6.1 TITLE	1-417		Change	Addition
TITLE			6.2 NAME	}		<u> —я</u>	
NAME			6.3 STREET	ADDRESS			
STREET ADDRESS	1		- O.O OTTALE				

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.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

James R. Jackson James Change Signature and Typed on Printed Name of Signature of Director

01-12-99

(941) 953-3113