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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # KOS100

Principal Place of Business Mailing Address BONTA SPRINGS FL 34134 US 2. Pinicipal Place of Business 2. Mailing Address US 2. Pinicipal Place of Business 2. Mailing Address US 2. Pinicipal Place of Business 2. Mailing Address 3. Do NOT WRITE IN THIS SPACE 1. Zip 2. Pinicipal Place of Business 2. Mailing Address 3. Do NoT WRITE IN THIS SPACE 1. Zip 3. Do NOT WRITE IN THIS SPACE 1. Applied For 65-0033448 3. Do NoT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 1.2/D7/1987 4. FEI Number 65-0033448 5. Confidate of Status Desired 5. So. Own Jack Fee Required 6. Election Campaign Financing Fee Required 6. Election Campaign Financing Fee Required 6. Election Campaign Financing Fee Required Fee Required 6. Election Campaign Financing Fee Required Fee Required Fee Required 6. Election Campaign Financing Fee Required
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City & State Country Zip Country Zip Country Zip Country B. This corporation owes the current year Intangible Personal Property Tax. 'Yes 'No Personal Property Tax. 'Yes
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Zip Country Zip Country Zip Country S. This corporation owes the current year intagible Personal Property Tax. Yes No
25 29 30 Personal Property Tax. Solution So
9. Name and Address of Current Registered Agent CHEVILLET, WALTER 254:15 ALICANTE DR BONITA SPRINGS FL 34134 182 Street Address (P.O. Box Number is Not Acceptable) 83 Value 44 City FL 85 Zip Code 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, and accept the obligations of Corporation of 07.0502 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 signature required when reintating) 12. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 12. NAME 12. NAME 12. NAME 12. NAME 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. NAME 14. CITY-ST-ZIP 17. NAPLES FL 14. CITY-ST-ZIP 18. NAPLES FL 14. CITY-ST-ZIP 18. NAPLES FL 14. CITY-ST-ZIP 18. OHANGE CHEVILLET, WALTER 22. STREET ADDRESS 23. STREET ADDRESS 24. STREET ADDRESS 25. STREE
CHEVILLET, WALTER 25415 ALICANTE DR BONITA SPRINGS FL 34134 82 Street Address (P.O. Box Number is Not Acceptable) 83 44 City FL 85 Zip Code 611. Pursuant to the provisions of Sections 607.0502 and 507.1508, 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 are registered agent, and title if applicable. 611. Pursuant to the provisions of Sections 607.0502 and 507.1508, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered office or registered agent, and title if applicable. 612. OFFICERS AND DIRECTORS 613. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 614. TITLE 715. D D DELETE 716. TITLE 717. ST-ZIP 718. ST-ZIP 719. D DELETE 719. ST-ZIP 719. ST-ZIP 719. D DELETE 719. ST-ZIP 7
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25415 ALICANTE DR BONITA SPRINGS FL 34134 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City
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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 agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D OBLETE 11.1TITLE Change Addit KINSSELL, STEVEN 12.NME SIRRETADDRESS 5047 3RD AVENUE, N.W. 13.STREET ADDRESS 5047 3RD AVENUE, N.W. 14.CITY-ST-ZIP NAME CHEVILLET, WALTER 22.NME STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS FL 34134 2.4.CITY-ST-ZIP TITLE D OBLETE 31.TITLE CHANGE 33.STREET ADDRESS 50415 ALICANTE DR 34.STREET ADDRESS
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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 attachment with an address, with all other like empowered.

6.4 CITY+ST-ZIP

SIGNATURE: No of