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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K32422

1. Corporation Name

Principal Plac	e of Business	Mailing Address					
4901 PALM BE		4901 PALM BEACH BLVD					
SUITE 285							
FT MYERS FL 33905 FT MYERS FL 33905				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 09/02/1988		
	• -	To a series			4. FEI Number	1 T a	plied For
	Place of Business	2a. Mailing Address			65-0072307		t Applicable
21	The state of the s	Suite, Apt. #, etc.			05-0012301	\$8.75	
	#; etc. ,	27 Suite, Apr. #, etc.			5. Certificate of Status Desired	Fee Re	
City & Stat	le	City & State			6. Election Campaign Financing	\$5.00	May Bo
23		28			Trust Fund Contribution	Added :	
Zip	Country	Zip	Country		8. This corporation owes the current year	_	
24	25	· _ ·	30		Personal Property Tax.	Yes	XINo
2-1	9. Name and Address of Curre		,		10. Name and Address of New Registe	red Agent	
		<u> </u>	81	Name			
	ALDO, CAROL		82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
1	B E ATLANTIC BLVC		"	SugarAdu	illus (F.O. Dox Hambel is Not Accoptance)		
POM	IPANO BCH FL 33062		83				
			0.4	City	,	85 Zip	Code
			84	City	i		Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the abov	re-named corp	noration submits this statement for the numos	of changing its	registered
office or a agent. I a SIGNATURE	registered agent, or both, in the State im familiar with, and accept the obligation Signature, typed or printed name of registered age	and the fapplicable. (NOTE:	ida Statutes Registered Age	s.	poration submits this statement for the purposion's board of directors. I hereby accept the ap-	spointment as re	
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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: (

FILED

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90005 044 ***150.00