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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90140 023 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **K62794**

1. Corporation Name

CITY-ST-ZIP

**SIGNATURE:** 

CUSSANE ENTERPRISES, INC.

Fillicipal Flace	e of Business	Mailing Address							
2005 NINTH ST	N.	2035 NINTH ST N.				·	•		
NAPLES FL 341	02	NAPLES FL 34102				DO NOT W	RITE IN THIS	SOACE	
US		U\$				3. Date Incorporated or Qualife		J OF AGE	
						· '	au .		Ì
						01/27/1989			A
<u> </u>	lace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	Applied For
21		26				65-0093270			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		<b>+</b>	Additional Required
22		27					<del></del>		
City & State		City & State			6. Election Campaign Financin	g 🗇	•	May Be	
23		28				Trust Fund Contribution			d to Fees
Zip	Country	Zip	Count	ry		8. This corporation owes the co	urrent year in		□No
24	25		0			Personal Property Tax.	D ! - 4	☐ Yes	
	9. Name and Address of Current	t Registered Agent	— <del> </del> -	11 N:		10. Name and Address of Nev	v Registered	Agent	
	TERCON OUTANINE		6	Ni Ni	ame				
	TERSON, SUZANNE		8	12 St	reet Addre	ss (P.O. Box Number is Not Acce	ptable)		
2035 NINTH ST N.					_				
i napi	LES FL 34102		8	13					-
			-	14 C	h.			85 Z	p Code
			1		•		FI	_	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the abo	ve-na	med corpo	ration submits this statement for the	he purpose o	f changing	its registered
l office or ri	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was aut	nonzea t	y me	corporation	n's board of directors. I hereby acc	cept the appo	onument as	registered
_	m lamiliar with, and dooops the obligat								
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: R	Registered A	gent sign	ature required	when reinstating)	DATE		
12. OFFICERS AND DIRECT			13.			ADDITIONS/CHANGES TO	OFFICERS A	ND DIREC	TORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	E				Chang	ge 🗌 Addition
TITLE NAME		☐ DELETE	1.1 TITLI 1.2 NAM			_		Chang	ge C Addition
NAME	PATTERSON, SUZANNE	☐ DELETE		E	RESS			Chang	ge 🗌 Addition
NAME STREET ADDRESS	PATTERSON, SUZANNE 2110 OAKS BLVD	☐ DELETE	1.2 NAM	E EET ADO	RESS			☐ Chang	ge Addition
NAME STREET ADDRESS CITY-ST-ZIP	PATTERSON, SUZANNE 2110 OAKS BLVD NAPLES FL 34119	☐ DELETE	1.2 NAM 1.3 STR	E EET ADO '-ST-ZIP	RESS			☐ Chang	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	PATTERSON, SUZANNE 2110 OAKS BLVD NAPLES FL 34119 VTD		1.2 NAM 1.3 STRE 1.4 CITY	E EET ADO '-ST-ZIP E	RESS				
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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.