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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State Katherine Harris Secretary of State 04-29-1999 90185 043 ***150.00

DOCUI 1. Corporation DANRYA		5				<u> </u>	
Principal Flace of Business Mailing Address					- I LABIRINI DIL ANIBLI INIOLI TIDLO DI ILO DI	I BERNE BLOSE BIRES BERNE	HATE EFATI LASE
% ROBERT E. STOWERS 1927 S.E. 36TH TERR. CAPE CORAL FL 33904		% ROBERT E. STOWERS 1927 S.E. 36TH TERR. CAPE CORAL FL 33904		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/04/1090			
3 0	Inc. of Dusings	2a. Mailing Address			02/01/1989 4. FEI Number		plied For
<u> </u>	lace of Business	26			65-0112729		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	dditional
22				5. Certificate of Status Desired		Fee Re	quired
City & 5-tate	e	City & State	· 		Electic n Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip	Country Zip		Country		8. This corporation owes the current year Intangible		
24	25	29	30		Personal Property Tax.		_⊒No
	9. Name and Adcress of Currer	n Registered Agent			10. Name and Address of New Regis	tered Agent	
STOWERS, ROBERT E. 1927 S.E. 36TH TERR. CAPE CORAL FL 33904			81 82 83	Street Addr	ress (P.O. Bo) Number is Not Acceptable)		
			84	City		85 Zip (Code
office (r r agent. a SIGNATURE	to the provisions of Sciencins 607.090 egistered agent, or both, in the State m familiar with, and accept the obligation of provisions of the state of familiar with, and accept the obligation of provisions of the provisions of t	cf Florida. Such change was अ nions of, Section 607.0505, Flor	uthorized by rida Statutes	the corporations.	oration submits this statement for the purpon's board of (lirectors, I hereby accept the	e appointment as re	g stered
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addition
NAME	STOWERS, ROBERT E.		1.2 NAME				
STREET ADDRESS	1927 S.E. 36TH TERR.		1.3 STREE	T ADDRESS			}
CITY-ST-ZIP	CAPE CORAL FL	C Delete	1.4 CITY-5	T-ZIP		Change	Addition
I ππLE	D CTOWERO KINA N	☐ DELETE	2.1 TITLE	}		□ change	
NAME	STOWERS, KIM M. 1927 S.E. 36TH TERR.		2.2 NAME	T ADDRESS			
STREET ADDRESS	CAPE CORAL FL		2.3 3 REC				-
CITY-ST-ZIP	OAI E OOTAETE	☐ DELETE	3.1 TITLE	-		Change	Addition
NAME			3.2 NAME	}			1
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4 1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4 3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP		Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			change	L Addition
NAME				T ADDRESS			
STREET ADDRESS			5.4 CITY- S				
CITY-ST-ZIP TITLE			6.1 TITLE			Change	Addition
NAME			6.2 NAME				1
STREET ADDRES				TADDRESS			
3 RECTADURESS	}		64 CITY S	[1

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 a nual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I a n 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TED NAME OF SIGNING DEFICER OR DIRECTOR