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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90005 029 ***150.00

DOCUI	MENT # K69631	1			
Corporation DECHAR	i Name			ļ	
DEGRAN	il, into				
Principal Place	e of Business	Mailing Address		- I (BRIZEN DIR ANKE IBNZ ZNOZ (NEV NAN AN	fir diåti kikti arati kikti arati 1880
% LARRY E. CF		% LARRY E. CROY			
2100 S. TAMIAMI TRAIL 2100 S. TAMIAMI TRAIL					
SARASOTA FL 34239-3803 SARASOTA FL 34239-3803				DO NOT WRITE IN TI	1IS SPACE
				3. Date Incorporated or Qualifed 02/27/1989	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0099588	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 AdditionalFee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23	_	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible/
24	25	29	30	Personal Property Tax.	ØYes □No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Register	ed Agent
			81 Name		}
CROY, LARRY E. 2100 S. TAMIAMI TRAIL			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
SARASOTA FL 34239-3803			83		
			84 City	•	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the above-named cor	poration submits this statement for the purpose	of changing its registered
office or n	egistered agent, or both, in the State m familiar with, and accept the oblig:	ations of, Section 607.0505, Flori	tnonzed by the corporat da Statutes.	tion's board of directors. I hereby accept the ap	pomunent as registered
SIGNATURE	, , ,				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere			Registered Agent signature requir		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	DST	☐ DELETE	1.1 TITLE		Change Addition
NAME	CROY, LARRY E.		1.2 NAME		
STREET ADDRESS	2100 S. TAMIAMI TRAIL		1.3 STREET ADDRESS		İ
CITY-ST-ZIP	SARASOTA FL	Clasists	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	DP	☐ DELETE	2.1 TITLE		☐ cusude ☐ vacuucu
NAME	MOORE, ROBERT M.		2.2 NAME		
STREET ADDRESS	2100 S. TAMIAMI TRAIL		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	□ DELETE	2 4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		C bettere	3.2 NAME		C Olley G C C C C C C C C C C C C C C C C C C
NAME					
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	<u> </u>	☐ DELETE	5.1 TILE		☐ Change ☐ Addition
NAME			5.2 NAME		,
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
			0.4 OUT/ OT 7/0		ſ

14. 1 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRIRECTOR

3 94/-957-457L Daysine Phone #