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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L34641

Principal Place of Business

BRIAN D. STRAND, C.P.A., P.A.

| FILED |
|--------------------------------|
| Apr 26, 1999 8:00 am |
| Secretary of State |
| 04-26-1999 90276 047 ***150 00 |



| 1671 MOUNC ST 2014 FOURTI ≇ST SARASOTA FL 34236 US | | | 1671 MOUND ST 2574 Tourth S T Sarasota FL 34236 US | | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/15/1989 | | | | | | |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------|--------------------------------|---------------------------|-------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------|-------------|------------|------------------------|-------------------|--------------------|
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | 4, FEI Nu | inber | | | L | | ied For | | |
| 21 | | | 26 | | | | | 65-0 | 1 <u>60293</u> | | | | | Applicable |
| Suite, Art. #, etc. | | | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired Sa.75 Acditional Fee Required | | | | | | |
| City & State | e | | City & Stat | te | | | | 1 | r Campaign Fund Contribu | - | | | 00 Made to | ay Be Fees |
| Zip Country 25 | | | Zip Country | | | | 8. This co poration owes the current year Intangible Personal Property Tax. Yes | | | | | | I No | |
| | 9. Name and Add | ess of Current | Registered Agen | | | | | 10. Name | and Addres | s of New | Registere | Agent | | |
| | | | | | 81 | Na | ame | | | | | | | |
| LEE, H. GREG 2014 FOURTH ST | | | | 82 Stree | | | reet Add | Address (P.O. Box Number is Not Acceptable) | | | | | | |
| SAR | ASOTA FL 34237 | | | | 83 | | | | | | | | | |
| | | | | | 84 | Ci | ity | | | | FI | 85 | Zip Co | de |
| office our | to the provisions of Se egistered agent, or bot m familiar with, and ac | n, in the State of cept the obligation | Florida, Such cha ns of, Section 60 | ange was aut 7.0505, Floric | horized by ia Statutes | tne | corpora i | on's board of (| rectors. The | ent for the | pt the app | f changin intment a | gitsn sregi | gistered stered |
| | Signature, typed or printed nar | . | | (NOTE R | | nt sign | ature requi | ed when reinstating) | | 50 TO O | DATE | ND DIDE | CTOE | 2.101.12 |
| 12. | | OFFICERS AND | | DELETE - | 13. | | | ADDITIO | CNS/CHANG | ES 10 0 | -FICERS A | | | Addition |
| TITLE | D | _ | | DELETE | 1,1 TITLE | | | | | | | LJ CIII | nge | |
| NAME | STRAND, BRIAN D | | | | 1.2 NAME | | | | | | | | | |
| STREET ADDRESS | 6935 ANTIGUA PL | AUE | | | 1.3 STREET | TADD | RESS | | | | | | | ļ |
| CITY-ST-ZIP | SARASOTA FL_ | | | | 14 CITY-S | T-ZIP | <u> </u> | | | | | - Chr | ngo | Addition |
| TITLE | | | | 2.1 TITLE | | | | | | ☐ Cha | nge | L] Addition | | |
| NAME ' | | | | | 2.2 NAME | | | | | | | | | |
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| CITY-ST-ZIP | | | | | 2. 4 CITY- S | ST-ZIP | ` | | | | | | | □ A 4/2/ |
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| CITY-ST-ZIP | | | | | 3.4. CITY- S | ST-ZIP | · | | | . <u> </u> | | | | |
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| STREET ADDRES 3 | | | | | 4.3 STREET | TADD | RESS | | | | | | | |
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| NAME. | | | | | 6.2 NAME | | | | | | | | | |
| STREET ADDRESS | | | | | 63 STREET | TADD | RESS | | | | | | | - |
| CITY-ST-ZIP | | | | | 64 CITY-S | T-ZIP | . | | | | | | | |

14. Thereby 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 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: