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

DOCUMENT # L36638

BARANY.SCHMITT.WEAVER + PARTNERS, INC.

Principal Place of Business Mailing Address							1 108111	IN AMB CRIM MICE DE	188 HEED LAIL BIRT	61611 VIBIT (11811 V	iëli Aiāii ieni
C/O JOSEPH A	BARANY	C/O JOSEPH A. BARANY									
	ALM SQUARE BLVD. #300	1520 ROYAL PALM SQUARE BLVD. #300							MD(75 M) T) III	0.004.05	
FORT MYERS F	L 33919-036	FORT MYERS FL 33919-036				L	DO NOT WRITE IN THIS SPACE				
US	•	US				- }		porated or Qual	ited		
		10				 -	01/01/19 4. FEI Number		 .	1 1 4	tied For
2. Principal Pl	ace of Business	2a. Mailing A	ddress								olied For Applicable
21		26	. # ata				<u>65-0159</u>	200	 	\$8.75 A	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcate	of Status Desire	d 🗀	Fee Re	
22		City & State					6 Flack C				·
City & State	9	28					ampaign Financ I Contribution	g 🗆	\$5.00 Added to		
23 Zip	Country	Zip		Country				ration owes the	current year li		
	25	29	30			}	•	roperty Tax.	current your n		□No
24	9. Name and Address of Current			'——		<u>-</u> -		Address of N	ew Registere	Agent	
	v. Hallo alla Adaless vi Galloni		<u> </u>	81	Name			1.1.			
BAR	ANY, JOSEPH A.					KON	VALD	WEAV			
1520 ROYAL PALM SQUARE BLVD.				82	Street A	Address	O KOYA	mber is Not Acc	ceptable)	RE BL	מע ו
SUITE 300				83		<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>	C / 716/	1 -420	<u> </u>	<u>-</u>
FORT MYERS FL 33919						<u>501</u>	TE 3	200			
				84	City	٠		500	Fi	85 Zip C	9/9
11 Durmant	to the provisions of Sections 607.0502	and 607 1508 F	lorida Statutes 1	the above	-named	corpora	tion automita th	ERS is statement for	the purpose of	of changing ite	registered
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept my obligati	Florida. Such ch	ange was autho	rized by	the corpo	oration's	board of direc	ctors. I hereby a	ccept the app	ointment as re	gistered
agent. I a	m (a/hillar with, and accept hy obligati	lors of Section 6	_	_		J.,		-	TAPPEL 9	79	ŀ
SIGNATURE	Signature, typed or printed name - regulared agen		(NOTE: Reg		G. LL	LEA!	en reinstating)		DATE	<u> </u>	
12.	OFFICERS AND		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13.				CHANGES TO	OFFICERS A	ND DIRECTO	RS IN 12
TITLE	DP	Ĺ	DELETE	1.1 TITLE		D :	5 T			Change	☐ Addition
NAME	BARANY, JOSEPH A.			1.2 NAME							Ì
STREET ADDRESS	1520 ROYAL PALM SQ BLVD SI	UITE 300	l	1.3 STREET	ADDRESS						
CITY-ST-ZIP	FORT MYERS FL			1.4 CITY-\$7	r-ZIP		_				
TITLE	DV] DELETE	2.1 TITLE	1					Change	☐ Addition
NAME	SCHMITT, EUGENE C.			2.2 NAME							
STREET ADDRESS	1520 ROYAL PALM SO BLVD S	UITE 300	j	23 STREET	ADDRESS						
CITY-ST-ZIP	FORT MYERS FL			2. 4 CITY-S	T- <i>7</i> IP		• • • •				
TITLE	DST] DELETE	3.1 TITLE		D	P			Change	☐ Addition
NAME	WEAVER, RONALD G.			3.2 NAME	Ì		•				
STREET ADORESS	1520 ROYAL PALM SQ BLVD SI	UITE 300		3.3 STREET	ADDRESS						
CITY-ST-ZIP	FORT MYERS FL			3.4. CITY-S							
TITLE	D D		DELETE	4.1 TITLE						Change	Addition
NAME	LAMERS, KENNETH			4, 2 NAME							
STREET ADDRESS	1520 ROYAL PALM SO BLVD S	DITE 300		4.3 STREET	ADORESS						
CITY-ST-ZIP	FORT MYERS FL 33919	000		4.4 CITY-ST							
TITLE	D		DELETE	5.1 TITLE						Change	Addition
NAME	ALIFF, KENNETH		- · · 1	5.2 NAME							ļ
STREET ADDRESS	1520 ROYAL PALM SQ BLVD S	LITE 300		5.3 STREET	ADDRESS						1
	FORT MYERS FL 33919	J. 1 L 000		5.4 CITY-ST							
CITY-ST-ZIP TITLE	TOTAL MALENO PE 30313		DELETE	6.1 TITLE		D				Change	Addition
		_		6.2 NAME		DA	VIEL S	UMMER	5	- •	
NAME			1	6.3 STREET	ADDRESS	518	S CAS	TELLO DI	R		}
STREET ADDRESS				6.4 CITY-ST				FL 3			ļ
CITY-ST-ZIP	i			. و		1000	,	,	7700		

NAPLES CITY-ST-ZIP 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 changes on an attachment with an officers, with all other like empowered.

OFFICER OR DIRECTOR

SIGNATURE:

941-278-3838

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90135 019 ***150.00