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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # L90182

(1)

BETH E. ANTRIM-BERGER, P.A.



| Principal Place of Business Mailin | | | ling Address | | | T TO THE PARTY OF THE PROPERTY | T INDUITATE DEST INDER LINES AND ALEK MINIT MINIT MENT MENT MINIT MINIT MINIT MINIT FRAN | | |
|------------------------------------|---|-----------------------------|-------------------------------------|---------------|----------------|--|--|-----------------------------|--|
| 2424 MANATEE | AVENUE WEST | 2424 MANATEE | 2424 MANATEE AVENUE WEST | | | | | | |
| STE 102 | | STE 102 | • | | | | | | |
| Bradenton Fl. 34205 US | | BRADENTON F US | BRADENTON FL 34205-4954 US | | | Date Incorporated or Qualified | 3a. Date of La | st Report | |
| | | | | | **** | 07/26/1990 | 02/05/199 | 16 | |
| | lace of Business | 2a. Mailing Ac | ddress | | | 4. FEI Number | <u> </u> | Applied For | |
| Suite, Apt #, etc | | 26 Suite Ant | Suite, Apt. #, etc. | | | 59-3021289 | | Not Applicable | |
| 22 | π, υι | · · · | 27 | | | 5. Certificate of Status Desired | | 75 Additional e Required | |
| City & State | € | | City & State | | | 6. Election Campaign Financing | | 00 May Be | |
| 23 | | 28 | ├ ─┐ | | | | ded to Fees | | |
| Zip | Country | Zıp | | Country | | 8. This corporation has liability for int | | er s. 199.032, | |
| 24 | 25 | 29 | 30 | | | | Yes 🔲 No | | |
| | 9. Name and Address of Cu | rrent Registered Ager | nt | 81 | | 10. Name and Address of New Regi | stered Agent | | |
| ANTRIM-BERGER, BETH E. | | | | | Name | | | j | |
| 2424 MANATEE AVENUE WEST | | | | 82 | Street | Address (P.O. Box Number is Not Acceptable | i) | | |
| STE 102 | | | | | | | ··· | ···· | |
| BRAI | DENTON FL 34205 | | | 83 | | | | | |
| | | | | 84 | City | | FL 85 | Zip Code | |
| 44 () | to the are liginos of Continue CO7 | 0500 and 607 1500 El | orido Statutos t | ho obou | nomod | corporation subspite this statement for the pur | | na ita sasiatarad | |
| office or re | egistered agent, or both, in the S | State of Florida, Such ch | onda statutes, t nange was autho | orized by | the corp | corporation submits this statement for the pur poration's board of directors. I hereby accept | the appointmen | it as registered | |
| agent La | m familiar with, and accept the c | obligations of, Section 6 | 07.0505, Florida | a Statutes | S. | | | 1 | |
| SIGNATURE | Signature, typed or printed name of registers | ad accordance if auplicable | /NOTE: Re/ | nistered Ane | nt signature | required when reinstating) | DATE | | |
| 12. | | AND DIRECTORS | (NOTE: NO | 13. | in pigratore | ADDITIONS/CHANGES TO OFFICE | | TORS IN 12 | |
| TITLE | DP\$ | | DELETE | 1.1 TITLE | | | Char | | |
| NAME | ANTRIM-BERGER, BETH E. | | | 1.2 NAME | | | | | |
| STREET ADDRESS | 2424 MANATEE AVENUE V | vest | 1.3 | | ADDRESS | | | | |
| CITY \$1-20P | BRADENTON FL | | Ĩ | 14 CITY-S | T - ZIP | | | ĺ | |
| TITLE | | | DELETE | 2.1 TITLE | | | ☐ Chai | nge 🔲 Addition | |
| NAMS . | | | | 2.2 NAME | | | | | |
| STREET ADDRESS | | | J | 2.3 STREET | ADDRESS | | | j | |
| C/TY-S*-Z/P | | | | 2. 4 CITY - 5 | ST-ZIP | | | | |
| TITLE | | | DELETE | 3.1 TITLE | | | Chai | nge 🔲 Addition | |
| NAME | | | | 3.2 NAME | | | | | |
| STREET ADDRESS | | | Í | 3.3 STREET | | | | 1 | |
| CITY-ST-7IF | | | DELETE. | 3.4. CITY - S | T-ZIP | | | | |
| TITUE | | L | DELETE | 4.1 TITLE | | | ☐ Chai | nge L Addition | |
| NAME | | | 1 | 4. 2 NAME | | | | ł | |
| STREET ADDRESS | | | | 4.3 STREET | | | | | |
| CITY - ST - ZIP | | | DELETE | 44 CITY-S | T-ZIP | | ☐ Cha | nge 🔲 Addition | |
| TOLE | | | DELLIL | 5.1 TITLE | | | LI CHA | inge ∟ Kudilioii | |
| NAME: | | | | 5.2 NAME | 4000505 | | | | |
| STREET ADDRESS | | | | 5.3 STREET | | | | | |
| CHY-ST-ZIP | | ₹ □ | DELETE | 5.4 City-S | 1- <i>I</i> IP | | Chai | nge Addition | |
| TiTLE | | LJ | DECEM | 6.1 TITLE | | | المالات ليسيا | ngo <u>L</u> Mudikuli | |
| NAME. | | | | 62 NAME | ADDRESS | | | | |
| STREET ADDRESS | | | | 6.3 STREET | | | | | |
| CITY-S1-ZIF | l | | | 6.4 CITY - S | 1 - ZIP | | | | |

To 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 it changed, or one statachment with an address.

SIGNATURE:

REAND THE OR PRINTED NAME OF SIGNING PRICER OR DIRECTOR

4-14-47 941-746-4145 Daile Dayfine Phone