1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1.00

1 Corporation		" L	90420	,									
1. Corporation PANTHE		OC INIC											
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Principal Place	of Busines	 s		ı	Mailing A	ddress		_			# (50)(6)( and 19(1) east) acoust (6)(1) both acoust 4) acoust ac		
15248 U.S. 41 S				1	5248 U.S.	41 S.							
	FT MYERS FL 33908 FT MYERS FL 33908										DO NOT WRITE IN THIS SPACE		
US				U	IS						3. Date Incorporated or Qualifed		
											07/27/1990		
Principal Place of Business     2a. Mailing Address											4. FEI Number Applied For		
21	iace of Dusii	1033		-	26						65-0271981 Not Applicable		
Suite, Apt.	#, etc.			120		Apt. #, etc.	-	_			\$8.75 Additional		
22 Cin	•			27	7						5. Certifcate of Status Desired Fee Required		
City & State	e			=		State		95,			6. Election Campaign Financing \$5.00 May Be		
23				28							Trust Fund Contribution Added to Fees		
Zip		Cou	ntry	<u> </u>	Zip		Cou	ntry			8. This corporation owes the current year Intartgible		
24		25		29			30				Personal Property Tax.  10. Name and Address of New Registered Agent		
	9. Name	and Add	iress of Curre	nt Keg	istered A	Agent	:	81	Name	-	IV. Name and Address of New Registered Agent		
FRAN	NCELL, GA	RY						Ш					
15248 US HWY 41 S							82	Street	et Address (P.O. Box Number is Not Acceptable)				
SUITE G													
	YERS FL	33908						83					
								84	City		FL 85 Zip Code		
11. Pursuant	to the provis	ions of S	ections 607.05	02 and	607.150	8, Florida Statu	tes, the a	bove	e-named	corpo	and the second s		
office or re	egistered ag	ent, or bo	oth, in the State	of Flo	rida. Suc	h change was a n 607 0505. Fig	authorized	by tes	the corpo	oration	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered		
	III Iaiiiilai w	illi, alia a	acept the oblig	400113	01, 0000	.,	01100 0101		-				
SIGNATURE	Signature, typed	or printed n	ame of registered ag	ent and tit	tle if applicab	le. (NOT	E: Registered	Agen	nt signature i	equired	ed when reinstating) DATE		
12.			OFFICERS A	ND DIF	RECTOR		13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition		
TITLE	PTD					☐ DELETE	1.1 TI						
NAME	FRANCE						1.2 N						
STREET ADDRESS	15248 US		11 S #G						T ADDRESS				
CITY-\$T-ZIP	FT MYER	S FL				DELETE	1.4 Cf 2.1 Tf	_	T-ZiP		Change Addition		
TITLE							2.1 N						
NAME									TADDRESS				
STREET ADDRESS							- 1		ST-ZIP ~=		•		
CITY-ST-ZIP TITLE					* 200	☐ DELETE	3.1 Ti				☐ Change ☐ Addition		
NAME	,						3.2 N						
STREET ADDRESS							3.3 S1	REET	TADDRESS				
CITY-ST-ZIP							3.4. C	ITY-\$	ST-ZIP		·		
TITLE						☐ DELETE	4.1 TI				Change Addition		
NAME	ì						4. 2 N	AME					
STREET ADDRESS							4.3 S1	REET	T ADDRESS				
CITY-ST-ZIP	•						4.4 CI	TY-S	T-ZIP				
TITLE						DELETE .	5.1 TI				☐ Change ☐ Addition		
NAME							5.2 N						
STREET ADDRESS	Ì								TADDRESS				
CITY-ST-ZIP			<del></del>				5.4 CI		T-ZIP		☐ Change ☐ Addition		
TITLE						☐ DELETE	6.1 TI				□ cuanĝe □ woorror		
NAME 5.3	起数据	18333					6.2 N		T ADDDESS				
STREET ADDRESS	(16年2年2年 日度	******							TADDRESS				
CITY-ST-ZIP	V'			*** ** *	<u> </u>				T- ZIP	 	Section 119 07(3)(i). Florida Statutes. I further certify that the information		

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 changed, or on appetition that it is not a 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 appetition that it is not a 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 appetition that my name appears in the corporation of the corporation of the corporation of the corporation or the receiver of the corporation of the corporation of the corporation of the corporation or the receiver of the corporation of the corporation

SIGNATURE:

FILED Apr 23, 1999 8:00 am Secretary of State

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