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	#	M691	140

1. Corporation Name

•	·
Principal Place of Business 5218 WILLIAMS DRIVE FT MYERS BEACH FL 33931 US	Mailing Address
	5218 WILLIAMS DRIVE FT MYERS BEACH FL 33931 US

FILED Feb 03, 1999 8:00am **Secretary of State**

02-03-1999 90031 006 ***150.00



•]	
Delegional Place of	f Rusiness	Mailing Address			
Principal Place of Business 5218 WILLIAMS DRIVE FT MYERS BEACH FL 33931 Mailing Address 5218 WILLIAMS DRIVE FT MYERS BEACH FL 33931			DO NOT WRITE IN THIS	S SPACE	
US		US		3. Date incorporated or Qualifed 02/16/1988	Applied For.
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number 65-0029761	Applied For. Not Applicable
Suite, Apt. #,		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	Country	Zip Co	ountry	8. This corporation owes the current year I	ntangible
Zip ──¬	25	29 30		Personal Property Tax. 10. Name and Address of New Registere	
24	9. Name and Address of Current			10. Name and Address of New Registers	
	1756年 1750年 1864年 18	,	81 Name		
REDE	NIUS, RICHARD R.		82 Street Addi	ress (P.O. Box Number is Not Acceptable)	10. 1 July 2017 Service Market 1 7 1 1 2 2 1
= 15-45218 1 ET MV	WILLIAMS DRIVE YERS BEACH FL 33931		83		
	ILIIO DEACHTE COSC		84 City		85 Zip Code
			J- Oily		of changing its registered
many to all the kery	the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes, the	e above-named corp	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	pointment as registered
office or re	gistered agent, or both, in the State	of Florida. Such change was authori tions of, Section 607.0505, Florida S	tatutes.	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	
	n familial with, and accept the stage				
SIGNATURE	Signature, typed or printed name of registered ager	It ditti and it opposers	ered Agent signature requir	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	OFFICERS AN	D DIRECTORS	.1 TITLE	Par Property	☐ Change ☐ Addition
TITLE	D	_	2 NAME		
NAME	REDENIUS, RICHARD R.		.3 STREET ADDRESS		· ·
STREET ADDRESS	5218 WILLIAMS DRIVE		į,		
CITY-ST-ZIP	FT. MYERS BEACH FL		1.4 CITY-ST-ZIP		☐ Change ☐ Addition C
TITLE	D	-	2.2 NAME		
NAME	REDENIUS, NANCY			•	
STREET ADDRESS	5218 WILLIAMS DRIVE		2.3 STREET ADDRESS	<u> </u>	
CITY+ST-ZIP	FT. MYERS BEACH FL		2.4 CITY+ST-ZIP		☐ Change ☐ Addition
TITLE		. Li DELETE	3.1 TITLE		\ \
NAME	5) 18. 90P. 1973 (*) 18. 90P. 1973 (*) 18. 90P. 1974	· •	3.2 NAME	y santa car en	94 81 1982 C. C. C. H.
STREET ADDRESS			3.3 STREET ADDRESS		於2000年,1200年(1914年)
CITY-ST-ZIP	nergelate i stri		3.4, CITY-ST-ZIP		Change . Addition
TITLE	,	, , <u> </u>	4.1 TITLE		
NAME :		ing the state of	4. 2 NAME	•	
1 元 かったに利力	1,514) 1,514 (1)	ည့် ခါလေသည်။	4.3 STREET ADDRESS	. *	
CITY-ST-ZIP		{*	4.4 CITY-ST-ZIP		Change Addition
TITLE		DELETE	5.1 TITLE 5.2 NAME	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Į
NAME					
STREET ADDRESS	s		5.3 STREET ADDRESS		
CITY-ST-ZIP	10		5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
TITLE	Th. De 18-00 0, 78-00 15	DELETE			
	多2. 4. AMETER NO. 10. E. L.		6.2 NAME		
NAME	↓ \$1 1.380, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		6.3 STREET ADDRESS		

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 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 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. 6.4 CITY-ST-ZIP CITY-ST-ZIP

STREET ADDRESS