## 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 # M80014

JEANNE M. PENNER, P.A.

Principal Place of Business

2700 ARDISIA LN

Mailing Address

2700 ARDISIA LN

## **FILED** Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90002 034 \*\*\*150.00



NAPLES FL 341				DO NOT WRITE IN THIS SPACE	
US		03		3. Date Incorporated or Qualifed	3
	•			05/03/1988	4 5 5
2 Principal D	lace of Business	2a. Mailing Address	**	4. FEI Number	Applied For
<u> </u>	iace of Dusiness	26		65-0052168	Not Applicable
Suite, Apt.	# etc :	Suite, Apt. #, etc.			\$8.75 Additional
— Janel 1 hr. 11 just		<b>—</b>		5. Certifcate of Status Desired	Fee Required
22 City & State		City & State		6, Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip A A	Country	8. This corporation owes the current yes	ar Intangible
	25	/3 // // //	30	Personal Property Tax.	☐ Yes 🗷 No
24	9. Name and Address of Current			10. Name and Address of New Registe	ered Agent
	1900 3 3 3 4 5		81 Name		
PEN	NER, BRIAN R.			(D.O. D. N. antonio N.A. Accordable)	
6001 SHIRLEY ST		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
	LES FL 34109		83	<b>一直接接收收收</b>	
				· · · · · · · · · · · · · · · · · · ·	ath 17日本新聞報酬報報
ira.E.			84 City	righter is evaluated in the contract of the co	FI 85 Zip Code
	CO2 0503	and 607 4509 Elorida Statuta	s the above-named co	rporation submits this statement for the purpor	se of changing its registered
	resistance construct both in the State C	M FIORIDA SUCO COADOR WAS AU	monzeo ov me corbora	ation's board of directors. I hereby accept the	appointment as registered
US agent. La	im familiar with, and accept the obligation	ions of, Section 607.0505, Flori	da Statutes.		,
SIGNATURE	<u> </u>		Registered Agent signature requ	DA	re :
7.1 (2)	Signature, typed or printed name of registered agent OFFICERS ANI		Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICER	
12.		DELETE	1.1 TITLE	49 3774 38	☐ Change ☐ Addition
TITLE	DPS		1.2 NAME		
NAME	PENNER, JEANNE M.				}
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34109	DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE			2.1 TITLE	·	
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	9		2. 4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
TITLE COURS	Austria gones a 4	☐ DELETE	3.1 TITLE		Change
NAME			3.2 NAME	·	1
STREET ADORESS			3.3 STREET ADDRESS	化二唑 医二氏 医二甲基甲基二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲	50 F A. (S. W. W. W. S. 188
CITY-ST-ZIP	13.23.5 44.6		3.4. CETY-ST-ZIP		ALTAL COLUMN TO THE COLUMN
TITLE		☐ DELETE	4.1 TITLE		表 計畫 (□ Change 對 □ Addition
NAME			4. 2 NAME		
STREET ADDRESS		3.4	4.3 STREET ADDRESS	•	
CITY-ST-ZIP		:. <u> </u>	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	1.50 5 30 70	
STREET ADDRESS	s .	•	5.3 STREET ADDRESS		
CITY-ST-ZIP	₹ <del>0°</del> 3		5.4 CITY-ST-ZIP		<u>.</u> .,
TITLE	Park to the Control of	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	2700 A B. DO 1 100		6.2 NAME		
STREET ADDRESS	BOND FOR SOME OF THE PARTY OF T		6.3 STREET ADDRESS		,

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 an attachment with an address, with all other like empowered.