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 # M98990 1. Corporation Name

EVERBLADES, INC.

•							
Principal Plac	e of Business	Mailing Address			T LEBYDÓNY SIÐ FRIÐU FRIÐU IÐSIÐ FÐSIÐ	l mail afait bieil aibit biail	BIBIT BIBIT 1881
C/O BRAD RO		2294 ROYAL LANE				`,	
4300 SUNSET BLVD NAPLES FL 34112 NAPLES FL 33962 US				DO NOT WRITE IN THIS SPACE			
NAPLES FL 33962 US				3. Date Incorporated or Qualifed			
					09/18/1988		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	oplied For
21	,	26			65-0069687	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional
22		27			3. Certificate of Status Desired	Fee R	equired
City & Stat	e	City & State			6. Election Campaign Financing		May Be
23		28		.	Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Count	ıry	8. This corporation owes the currer	nt year Intangible ☐ Yes	X No
24	9. Name and Address of Current	29	30		Personal Property Tax. 10. Name and Address of New Re		AINO
	5. Name and Address of Current	r registered Agent	8	31 Name	10. Hallie Blid Address of New No.	gistered Agent	
ROB	BERTS, WILLIAM B.		L				
	4 ROYAL LANE		8	32 Street Ad	ddress (P.O. Box Number is Not Acceptab	ole)	
NAP	LES FL 34112		8	33			
			_				
	•		18	34 City		FL 85 Zip	Code
	•						
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	tes, the abo	ove-named co	prporation submits this statement for the pr	urpose of changing its	registered
office or r	egistered agent, or both, in the State of	of Florida. Such change was a	authorized b	ov the corpora	orporation submits this statement for the pration's board of directors. I hereby accept	urpose of changing its the appointment as re	registered egistered
office or r	egistered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such change was a ions of, Section 607.0505, Flo	authorized b	ov the corpora	orporation submits this statement for the pation's board of directors. I hereby accept	urpose of changing its the appointment as re	registered egistered
office or r	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was a ions of, Section 607.0505, Flo	authorized to orida Statute	by the corporates.	orporation submits this statement for the pration's board of directors. I hereby accept urred when reinstating)	urpose of changing its the appointment as re	registered egistered
office or r	egistered agent, or both, in the State of mamiliar with, and accept the obligated agent of printed name of registered agent of FICERS ANI	of Florida. Such change was a cions of, Section 607.0505, Florida and title if applicable (NOTE) D DIRECTORS	authorized to orida Statute	by the corporates.	ation's board of directors. I hereby accept	the appointment as re	ORS IN 12
office or read agent. Fa	egistered agent, or both, in the State of marniliar with, and accept the obligat Signature, typed or printed name of registered agent OFFICERS ANI	of Florida. Such change was a sions of, Section 607.0505, Florida and title ir applicable (NOTE	authorized torida Statute	oy the corpora es. gent signature requ	ation's board of directors. I hereby accept	the appointment as re	egistered
office or respectively.	egistered agent, or both, in the State of Tamiliar with, and accept the obligated agent of Tamiliar with accept the obligated agent of Tamiliar with a second of T	of Florida. Such change was a cions of, Section 607.0505, Florida and title if applicable (NOTE) D DIRECTORS	authorized to orida Statute Registered Ar 13.	pent signature requ	ation's board of directors. I hereby accept	the appointment as re	ORS IN 12
SIGNATURE 12.	egistered agent, or both, in the State of Tamiliar with, and accept the obligated agent of the property of the	of Florida. Such change was a cions of, Section 607.0505, Florida and title if applicable (NOTE) D DIRECTORS	exthorized by the statute of the sta	pent signature requ	ation's board of directors. I hereby accept	the appointment as re	ORS IN 12
office of r land agent. I a lis SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State com, familiar with, and accept the obligate of the obli	of Florida. Such change was a cions of, Section 607.0505, Florida and title leapplicable. (NOTE) D DIRECTORS	E: Repistered A 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY	gent signature requirements	ation's board of directors. I hereby accept	DATE CERS AND DIRECTO	DRS IN 12
office of r land agent. I a ls SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State of ramiliar with, and accept the obligat of state of the obligat of the obligation of the obligatio	of Florida. Such change was a cions of, Section 607.0505, Florida and title if applicable (NOTE) D DIRECTORS	E: Repistered A 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE	by the corporates. E E E E E T ADDRESS -ST-ZIP	ation's board of directors. I hereby accept	the appointment as re	ORS IN 12
office or r land agent. I a ls SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State companiis with, and accept the obligat OFFICERS AND OFFICERS AND ROBERTS, BRADFORD W. 4300 SUNSET BLVD. NAPLES FL ASAT ROBERTS, WILLIAM B.	of Florida. Such change was a cions of, Section 607.0505, Florida and title leapplicable. (NOTE) D DIRECTORS	authorized borida Statute 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM	by the corporates.	ation's board of directors. I hereby accept	DATE CERS AND DIRECTO	DRS IN 12
office or r land agent. I a lis SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State companiis with, and accept the obligat OFFICERS AND OFFICERS AND ROBERTS, BRADFORD W. 4300 SUNSET BLVD. NAPLES FL ASAT ROBERTS, WILLIAM B. 2294 ROYAL LANE	of Florida. Such change was a cions of, Section 607.0505, Florida and title leapplicable. (NOTE) D DIRECTORS	E: Repistored A 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE	pent signature requirements and requirements are requirements and requirem	ation's board of directors. I hereby accept	DATE CERS AND DIRECTO	DRS IN 12
office or it has agent. It a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State companiis with, and accept the obligat OFFICERS AND OFFICERS AND ROBERTS, BRADFORD W. 4300 SUNSET BLVD. NAPLES FL ASAT ROBERTS, WILLIAM B.	of Florida. Such change was a lons of, Section 607.0505, Florida and title is applicable. D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY	by the corporates. E E E E ETADDRESS -ST-ZIP E E E ETADDRESS -ST-ZIP	ation's board of directors. I hereby accept	DATE CERS AND DIRECTO Change	DRS IN 12 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State companiis with, and accept the obligate of the companiis with, and accept the obligate of the companies of registered agent of the companies of registered agent of the companies of the co	of Florida. Such change was a cions of, Section 607.0505, Florida and title leapplicable. (NOTE) D DIRECTORS	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE	pent signature requirements and requirements are requirements and requirem	ation's board of directors. I hereby accept	DATE CERS AND DIRECTO	DRS IN 12
office or ragent. I a agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	egistered agent, or both, in the State of ramiliar with, and accept the obligat of state of registered agent of FICERS ANI PSTD ROBERTS, BRADFORD W. 4300 SUNSET BLVD. NAPLES FL ASAT ROBERTS, WILLIAM B. 2294 ROYAL LANE NAPLES FL	of Florida. Such change was a lons of, Section 607.0505, Florida and title is applicable. D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM	pent signature requirements and requirements are requirements and requirem	ation's board of directors. I hereby accept	DATE CERS AND DIRECTO Change	DRS IN 12 Addition
Office or ragent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	registered agent, or both, in the State companiis with, and accept the obligate of the companiis with, and accept the obligate of the companies of registered agent of the companies of registered agent of the companies of the co	of Florida. Such change was a lons of, Section 607.0505, Florida and title is applicable. D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAM 2.3 STRE 2.4 CITY 3.1 STRE 3.2 NAM 3.3 STRE	pent signature requirements and requirements are requirements and requirem	ation's board of directors. I hereby accept	DATE CERS AND DIRECTO Change	DRS IN 12 Addition
office of ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	egistered agent, or both, in the State of ramiliar with, and accept the obligat of state of registered agent of FICERS ANI PSTD ROBERTS, BRADFORD W. 4300 SUNSET BLVD. NAPLES FL ASAT ROBERTS, WILLIAM B. 2294 ROYAL LANE NAPLES FL	of Florida. Such change was a joins of, Section 607.0505, Florida and title in a policy of the change of the chang	13. 1.1 TITLE 1.2 NAM 1.3 STRE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 3.1 STRE 3.4 CITY	pent signature requirements and requirements and requirements and requirements and requirements are requirements.	ation's board of directors. I hereby accept	DATE CERS AND DIRECTO Change	DRS IN 12 Addition Addition
office of ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State commandiar with, and accept the obligated agent of the obligated of t	of Florida. Such change was a lons of, Section 607.0505, Florida and title is applicable. D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE	pent signature requirements of the corporate s	ation's board of directors. I hereby accept	DATE ICERS AND DIRECTO Change	DRS IN 12 Addition Addition
Office of ragent. I a separate	registered agent, or both, in the State of ramiliar with, and accept the obligat OFFICERS ANI OFFICERS ANI ROBERTS, BRADFORD W. 4300 SUNSET BLVD. NAPLES FL ASAT ROBERTS, WILLIAM B. 2294 ROYAL LANE NAPLES FL	of Florida. Such change was a joins of, Section 607.0505, Florida and title in a policy of the change of the chang	authorized borida Statute 13. 1.1 TITLE 1.2 NAM 1.3 STRE 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM	pent signature requirements. E E E E ETADDRESS -ST-ZIP E E E EETADDRESS	ation's board of directors. I hereby accept	DATE ICERS AND DIRECTO Change	DRS IN 12 Addition Addition
Office or ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the State of ramiliar with, and accept the obligat OFFICERS ANI OFFICERS ANI PSTD ROBERTS, BRADFORD W. 4300 SUNSET BLVD. NAPLES FL ASAT ROBERTS, WILLIAM B. 2294 ROYAL LANE NAPLES FL	of Florida. Such change was a joins of, Section 607.0505, Florida and title in a policy of the change of the chang	13. 1.1 TITLE 1.2 NAM 1.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.1 TITLE 4.2 NAM 4.3 STRE 4.1 TITLE 4.2 NAM 4.3 STRE	pert signature requirements. E E EET ADDRESSST-ZIP E E E E E E E E E E E E E E E E E E E	ation's board of directors. I hereby accept	DATE ICERS AND DIRECTO Change	DRS IN 12 Addition Addition
Office of ragent. I a separate	registered agent, or both, in the State of ramiliar with, and accept the obligat OFFICERS ANI OFFICERS ANI ROBERTS, BRADFORD W. 4300 SUNSET BLVD. NAPLES FL ASAT ROBERTS, WILLIAM B. 2294 ROYAL LANE NAPLES FL	of Florida. Such change was a joins of, Section 607.0505, Florida and title in a policy of the change of the chang	authorized borida Statute 13. 1.1 TITLE 1.2 NAM 1.3 STRE 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM	pent signature requirements. E E E E E E E E E E E E E E E E E E	ation's board of directors. I hereby accept	DATE ICERS AND DIRECTO Change	DRS IN 12 Addition Addition
Office of ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAM	egistered agent, or both, in the State commandiar with, and accept the obligated agent of registered agent of FICERS AND PSTD ROBERTS, BRADFORD W. 4300 SUNSET BLVD. NAPLES FL ASAT ROBERTS, WILLIAM B. 2294 ROYAL LANE. NAPLES FL	of Florida. Such change was a ions of, Section 607.0505, Florida and title inapplicable (NOTE) D DIRECTORS DELETE DELETE	2.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 4.1 CITY 4.1 CITY 4.2 NAM 4.3 STRE 4.4 CITY 4.4 CITY 4.4 CITY	pent signatur requirements. E E E E E E E E E E E E E E E E E E	ation's board of directors. I hereby accept	DATE DATE ICERS AND DIRECTO Change Change	DRS IN 12 Addition Addition
Office or in agent. If a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State complex amiliar with, and accept the obligat OFFICERS AND OFFICERS AND OFFICERS AND ROBERTS, BRADFORD W. 4300 SUNSET BLVD. NAPLES FL ASAT ROBERTS, WILLIAM B. 2294 ROYAL LANE NAPLES FL	of Florida. Such change was a ions of, Section 607.0505, Florida and title inapplicable (NOTE) D DIRECTORS DELETE DELETE	21 TITLE 22 NAM 23 STRE 34 CITY 41 TITLE 42 NAM 43 STRE 44 CITY 41 TITLE 42 NAM 43 STRE 44 CITY 51 TITLE 52 NAM	pent signatur requirements. E E E E E E E E E E E E E E E E E E	uired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE DATE ICERS AND DIRECTO Change Change	DRS IN 12 Addition Addition
Office of ragent. I a signature 12. 11. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State commandiar with, and accept the obligated agent of registered agent of FICERS AND PSTD ROBERTS, BRADFORD W. 4300 SUNSET BLVD. NAPLES FL ASAT ROBERTS, WILLIAM B. 2294 ROYAL LANE. NAPLES FL	of Florida. Such change was a ions of, Section 607.0505, Florida and title inapplicable (NOTE) D DIRECTORS DELETE DELETE	21 TITLE 22 NAM 23 STRE 34 CITY 41 TITLE 42 NAM 43 STRE 44 CITY 41 TITLE 42 NAM 43 STRE 44 CITY 51 TITLE 52 NAM	pent signature requirements. E E EETADDRESS - ST-ZIP E E E E E E E E E E E E E E E E E E E	uired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE DATE ICERS AND DIRECTO Change Change	DRS IN 12 Addition Addition
Office or in agent. If a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State complex amiliar with, and accept the obligat OFFICERS AND OFFICERS AND OFFICERS AND ROBERTS, BRADFORD W. 4300 SUNSET BLVD. NAPLES FL ASAT ROBERTS, WILLIAM B. 2294 ROYAL LANE NAPLES FL	of Florida. Such change was a ions of, Section 607.0505, Florida and title inapplicable (NOTE) D DIRECTORS DELETE DELETE	2.1 TITLE 2.2 NAM 2.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 4.1 TITLE 4.2 NAM 5.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.3 STRE 5.3 STRE 6.4 STRE 6.5	pent signature requirements. E E E E E E E E E E E E E E E E E E	uired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE DATE ICERS AND DIRECTO Change Change	DRS IN 12 Addition Addition

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

WALLES TO

FILED

Jan 22, 1999 8:00am

Secretary of State 01-22-1999 90044 011 ***150.00