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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N9900001267 ✓

1. Corporation Name  
Manatee Resource Management, Inc.

Principal Place of Business Mailing Address  
2262 Marina Park Dr. Ft. Myers, FL 33905  
2262 Marina Park Dr. Ft. Myers, FL 33905

5/15/99 90026 017 61.25

21	2. Principal Place of Business 5605 Palm Beach Blvd. Suite, Apt. #, etc.	26	2a. Mailing Address 5605 Palm Beach Blvd. Suite, Apt. #, etc.	3.	Date Incorporated or Qualified 9-13-1996
22	23	27	28	4.	FEI Number 65-0703601
23	City & State Ft. Myers, FL	27	City & State Ft. Myers, FL	5.	Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip 33905	28	Zip 33905	6.	Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution <input type="checkbox"/>
25	Country USA	29	Country USA		

9. Name and Address of Current Registered Agent Kushner, Steven P 1375 Jackson Street Suite 202 Ft. Myers, FL 33901		10. Name and Address of New Registered Agent	
B1	Name	B3	City
B2	Street Address (P.O. Box Number is Not Acceptable)	B4	FL
B3		B5	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	V/O
NAME	Tinder, David L.	1.2 NAME	
STREET ADDRESS	1375 Jackson St., Ste. 202	1.3 STREET ADDRESS	21970 N. River Rd.
CITY-ST-ZIP	Ft. Myers, FL 33901	1.4 CITY-ST-ZIP	Alva, FL 33920
TITLE	D	2.1 TITLE	P/O
NAME	Ruedi, Dieter	2.2 NAME	
STREET ADDRESS	1375 Jackson St., Ste. 202	2.3 STREET ADDRESS	P.O. Box 191
CITY-ST-ZIP	Ft. Myers, FL 33901	2.4 CITY-ST-ZIP	Alva, FL 33920
TITLE	S	3.1 TITLE	T
NAME	Tinder, Vicky S.	3.2 NAME	
STREET ADDRESS	1375 Jackson St., Ste. 202	3.3 STREET ADDRESS	21970 N. River Rd.
CITY-ST-ZIP	Ft. Myers, FL 33901	3.4 CITY-ST-ZIP	Alva, FL 33920
TITLE	T	4.1 TITLE	S
NAME	Price, Cathy L.	4.2 NAME	
STREET ADDRESS	2262 Marina Park Dr.	4.3 STREET ADDRESS	2250 Marina Park Dr.
CITY-ST-ZIP	Ft. Myers, FL 33905	4.4 CITY-ST-ZIP	Ft. Myers, FL 33905
TITLE	D	5.1 TITLE	D
NAME	Gilmer, Tyler R.	5.2 NAME	Braundli, Andres Dr.
STREET ADDRESS	19219 Pine Glenn Dr.	5.3 STREET ADDRESS	5742 Koelliken
CITY-ST-ZIP	Ft. Myers, FL 33902	5.4 CITY-ST-ZIP	Berggasse 9 Switzerland
TITLE	D	6.1 TITLE	
NAME	Price, Johnny W.	6.2 NAME	
STREET ADDRESS	2256 Marina Park Dr.	6.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Myers, FL 33905	6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with other like empowered.

SIGNATURE: \_\_\_\_\_ Date: 4.29.99 (941) 694-4042

CR2E037 (11/98)

AD