FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT 1998		\$ 17 J	Secretary of State DIVISION OF CORPORATIONS				Secretary of State				
	MENT # P1530 NINES, INC.	61 (9)								
Principal Plac	te of Business	Mailing Address									
35 IORIO DR TRENTON, N.	IVE	1018 CLARELLEN FT. MYERS FL 30	1018 CLARELLEN DR FT. MYERS FL 33919				DO NOT WRITE II	N THIS SP	ACF		
		US				<u> </u> -	3. Date Incorporated or Qualified	11110011			
							07/28/1987				
-	Place of Business	2a. Mailing Addre	8 5			}	4. FEI Number			oplied For	
Suite, Apt.	#. BIC.	26 Suite, Apt. #,	etc.				22-1849874		\$8.75 /	Additional	
22	., •	27				ļ	5. Certificate of Status Desired		Fee Re		
City & Stat	е	City & State					Election Campaign Financing		\$5.00		
Zip	Country	28	1 00	untry	,		Trust Fund Contribution		Added t		
24	25	29	30	ши			 This corporation owes or has paid Personal Property Tax due June 3: 	-		angible No	
	9. Name and Address of Cur			Ι		1	0. Name and Address of New Regi		ent		
HA	INES, ALFRED J.			81	Name						
10°	18 CLARELLEN DR.			82	Street Ac	ddress	(P.O. Box Number is Not Acceptable)			
FT.	MYERS FL 33919			B3							
	T.										
	•			84	City			FL	85 Zip (Code	
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florid	Statutes, the	above	e-named co	corpora	tion submits this statement for the pur		nanging it	s registered	
office or r agent. I a	registered agent, or both; in the St im familias with, and accept the ob	ate of Florida. Such chang Rigations of, Section 607.0	e was authorize 505, Florida Sta	ed by atutes	the corpo s.	oration's	tion submits this statement for the pur s board of directors. I hereby accept	the appoin	tment as	registered	
SIGNATURE,	relied 117	Jenos									
12.		agent and title if applicable AND DIRECTORS	(NOTE: Register		en eignature re	required w	hen reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE DS AND D	IDECTOR	S IN 12	
TITLE	PST	AND DIRECTORS DEL		ITLE			ADDITIONS/OFFIANGES TO OFFICE		Change	Addition	
NAME	HAINES, ALFRED J.		- 1	NAME					•	_	
STREET ADDRESS	1018 CLARELLEN DR.		1.3 9	STREET	ADORESS						
CITY-ST-ZIP	FT MYERS FL			ary-s	T- ZIP						
TITLE	D	☐ DEL						L	Change	Addition	
NAME	HAINES, ALFRED J.			AME							
STREET ADDRESS	1018 CLARELLEN DR. FT MYERS FL				ADDRESS						
CITY-ST-ZIP TITLE	VPAT /	DEL	ETE 3.11	CITY-S TILF	S1-ZIP				Change	Addition	
NAME	HAINES, MATTHEW		1	IAME				_	,		
STREET ADDRESS	13239 HEATHER RIDGE LO	OOP			ADDRESS						
CITY-ST-ZIP	FT MYERS FL			CITY-S	IT-ZIP						
TITLE	V	☐ ĐEL	ETE 4.1 1	ITLE					Change	Addition	
NAME	HOLMAN, KERRY		4.2	NAME	1						
STREET ADDRESS	18368 HAWTHORNE ROAD)			address						
CITY-ST-ZIP TITLE	FT. MYERS FL	DEL		ITY-S	T-ZIP				Change	Addition	
NAME		O.L.		IAME	ł			<u></u>	, similyo		
STREET ADDRESS			i i		ADDRESS					ì	
CITY-ST-ZIP	<u>'</u>			ITY - S	-						
TITLE		☐ DEL							Change	Addition	
NAME			6.2 1	IAME							
STREET ADORESS			6.3 \$	TREET	address					ļ	
CITY-ST-ZIP			6.4 0	HTY-S1	I - ZIP						

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutas. I further certify that the information indicated on this annual report or suppliemental 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.

SIGNATURE:

ALPEZO J. HALVES 2/25/83

FILED

Mar 03 1998 8:00am