1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P16924

1. Corporation Name

Disainal Disas of Business	Mailing Address	
Principal Place of Business	4300 MADERIA COURT	
4300 Maderia Court Sarasota fl 34233	SARASOTA FL 34233	

## **FILED** Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90060 008 \*\*\*150.00



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Principal Place	of Business	Mailing	g Address							
•		4300 M	IADERIA COURT							
4300 MADERIA COURT SARASOTA FL 34233 SARASOTA FL 34233							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified			
•							11/23/1987			
						<del></del>	4. FEI Number		Appl	lied For
2. Principal Pla	ace of Business	<del></del>	ailing Address				36-0940509		<u> </u>	Applicable
21		26	11 8 4 H ata						\$8.75 Ac	dditional
Suite, Apt. #	ŧ, etc.	<u> </u>	ite, Apt. #, etc.				5. Certifcate of Status Desir	ed 🗆	Fee Req	quired
22		27	ty & State	<del></del>			-6. Election Campaign Finan	icing ==	\$5.00 N	May Be
City & State			ty a State				Trust Fund Contribution		Added to	Fees
23		28 Zig		Cou	untry		8. This corporation owes the	e current year Int	angible	i
Zip _	Country	<b>├</b> ─┐ `	P	30			Personal Property Tax.		∐ YesL	□No
24	25	29	nd Agent	130	Τ		10. Name and Address of	New Registered	Agent	
_ <del> </del>	9. Name and Address of Curre	nt Register	eu Agent		81	Name		-		
ccoc	RETTI, RICHARD H.	•				<del>-</del>	The state of the s	table)		
FERN	MADEIRA COURT				82	Street Add	dress (P.O. Box Number is Not A	cceptable)	graden Segrer Medite S.	unten medich i Not
	ASOTA FL 33579				83	<del>-</del>		1 12 2 2 3 3 4	<b>"科想"的</b>	31 (131 (63)
OAU.	4301A FE 33078							· "有你。心影。"		140 (140 IX) 120 (140 IX)
	•				84			FL	85 Zip C	
nesses segmentations	to the provisions of Sections 607.05		4500 Florida State	toc the	ahove	e-named co	moration submits this statement f	or the purpose of	changing its	registered
11. Pursuant t	to the provisions of Sections 607.05 egistered agent, or both, in the State	502 and 607. te of Florida.	Such change was	authorize	d by	the comora	ation's board of directors. I hereby	accept the appo	intment as reg	gistered
office of re	egistered agent, or both, in the other	0.0.0				THE COLPOIS				
∤ agent. I ar	m familiar with, and accept the oblig	gations of, Se	ection 607.0505, FI	orida Sta	tutes	ine corpora	•			1
	m ramiliar with, and accept the oblig	gations on, or				i.	•	DATE		
	Signature, typed or printed name of registered e	gent and title if ap	oplicable. (NO)	E: Registere	od Ager	i.	ured when reinstating)	DATE		
	Signature, typed or printed name of registered e	gent and title if ap	opiicable (NOT	E: Registere	od Ager	i.	uired when reinstating)  ADDITIONS/CHANGES 1	DATE		
SIGNATURE	Signature, typed or printed name of registered e	gent and title if ap	oplicable. (NO)	E: Registere 13.	od Ager	i.	ured when reinstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered at OFFICERS A	gent and title if ap	opiicable (NOT	E: Registere 13.	od Ager	nt signature requ	uired when reinstating)  ADDITIONS/CHANGES 1	DATE	ND DIRECTO	RS IN 12
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered e OFFICERS A P FERRETTI, RICHARD 4300 MADERIA COURT	gent and title if ap	opiicable (NOT	E: Registere 13. 1.1 T 1.2 N	NAME	nt signature requ	uired when reinstating)  ADDITIONS/CHANGES 1	DATE	ND DIRECTO	RS IN 12
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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.