## 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 # P93000019829

Mailing Address
5106 OCEAN BLVD. SARASOTA FL 34242
2a. Mailing Address
Suite, Apt. #, etc.  27  City & State

## Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90118 015 \*\*\*150.00



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Principal Place	e of Business	Mailing Ad	ldress							
5106 OCEAN BI	LVO.	5106 OCEA								
SARASOTA FL 34242 SARASOTA FL 34242					DO NOT WRITE IN THIS SPACE					
						-		E IM THIS SI	ACE	
						3. Date Incorpor				
						03/11/199	ა			
2. Principal Pl	lace of Business	2a. Mailing	y Address			4. FEI Number	_			plied For
21		26	_		····	65-040804	5			t Applicable
Suite, Apt.	#, etc.	Suite, /	Apt. #, etc.			5. Certifcate of S	Status Desired		<b>\$8.75</b> ∧	
22	Company of the same of the sam	27			-	J. Certificate Of C	otatus Desireo .	٠,	Fee Re	quired
City & State	<u> </u>	City &	State			6. Election Cam	paign Financing		\$5.00	May Be
23		28				Trust Fund Co	ontribution	U	Added to	o Fees
Zip	Country	Zip		Country		8. This corporate	on owes the curre	nt year Intan	gible	
24	25	29	[3	30		Personal Proj			Yes	□No
24	9. Name and Address of Curre			~		10. Name and A	ddress of New Ro	egistered Ag	jent	
	5. Haine and Address of Sair			81	Name					
JONI	es, shirley a.					_	<del> </del>			
	OCEAN BLVD.			82	Street Add	ress (P.O. Box Numb			)	
	ASOTA FL 34242			83	75	11 24	mose			
יורט	A001A 1 L 04242			83						
				84	City C				85 Zip C	Code ,
•					( ) F	AKASOTA		FL_	3	1241
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508	, Florida Statute	s, the above	-named corp	poration submits this	statement for the p	ourpose of ch	anging its	registered
office or n	egistered agent, or both, in the Statem familiar with, and accept the oblig	ite of Florida. Such	i change was au i 607.0505. Flori	ınorized by i da Statutes.	tne corporati	ion s board of director	s. Thereby accept	i iite abbouiu	HEHL AS IE	gistered
agent. rai	III lamillar with, and accept the con-	igadons on, occide	1 027 10000, 1 1011							,
SIGNATURE	Signature, typed or printed name of registered at	agent and title if applicable	e. (NOTE: i	Registered Agent	t signature require	ed when reinstating)		DATE		
	Signature, typed or printed name of registered a			Registered Agent	t signature require		HANGES TO OFF		DIRECTO	DRS IN 12
12.	OFFICERS A	agent and title if applicable AND DIRECTORS			t signature require	ADDITIONS/C	•	ICERS AND	Change	☐ Addition
12.	OFFICERS A		3	13. 1.1 TITLE	t signature require	ADDITIONS/C	•	ICERS AND	Change	☐ Addition
12. TITLE NAME	OFFICERS A JONES, SHIRLEY A		3	13. 1.1 TITLE 1.2 NAME		ADDITIONS/C	•	ICERS AND	Change	☐ Addition
12. TITLE NAME STREET ADDRESS	OFFICERS A JONES, SHIRLEY A 5106 OCEAN BLVD.		3	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS	ADDITIONS/C	•	ICERS AND	Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A JONES, SHIRLEY A		DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY- ST	ADDRESS	ADDITIONS/C	•	ICERS AND	Change	☐ Addition
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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 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

SIGNATURE:

STREET ADDRESS