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PROFIT CORPORATION ANNUAL REPORT 1999

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FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State Katherine Harris

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Principal Place			•								
2110 GOLDENROD ST. 2110 GOLDENROD ST. SARASOTA FL 34239 SARASOTA FL 34239											
SARASOTA FL 34239 SARASOTA FL 34239							DO NOT WRITE IN THIS SPACE				
							3. Date Ir	corporated or Qualit	ed		
							06/2	1/1993			_{_{1}}
2. Principal Place of Business 2a. Mailing Address							4. FEI Nu			A	plied For
21		26					65-04	118235	_	No	ot Applicable_
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					ate of Status Desired		•	Additional
22		27					3. Certiic	ate of Status Desired	· 🗀	Fee Re	equired
City & State	e		City & State				6. Electio	n Campaign Financi	ng 🗆	\$5.00	May Be
23		28					Trust F	und Contribution		Added	to Fees
Zip	Country	Z	Zip	Cou	intry		8. This co	rporation owes the	current year Ir		
24	25	29		30				nal Property Tax.	· ·	Yes	<u>P</u> No
	9. Name and Address of Curren	nt Registe	red Agent		Ļ.,		10. Name	and Address of Ne	w Registered	d Agent	
					81	Name					
	LIPS, A. CRAIG				82	Street Add	ress (P.O. Box	Number is Not Acc	eptable)		
	GOLDENROD ST.								·		
SAR	ASOTA FL 34239				83						
					84	City				85 Zip	Code
					04	City			F1		
11. Pursuant	to the provisions of Sections 607.050.	2 and 607	7.1508, Florida Statu	tes, the a	DOVE	-named corp	oration submi	ts this statement for	the purpose of	of changing its	registered
office or re	to the provisions of Sections 607.050. egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida	. Such change was a	authorized	j by '	the corporation	on's board of o	directors. I hereby ad	cept the appo	ointment as re	gistered
		tions of 5	Section 607 0505. His	олda Stati	utes.						I .
•	m lamiliai wilii, and accept the obligat	itions of, S	Section 607.0505, Fi	orida Stati	utes.						
SIGNATURE	Signature, typed or printed name of registered agen		Section 607.0505, Fi	onda Stati	utes.		ed when reinstating)		DATE		
SIGNATURE	· · · · ·	nt and title if a	applicable (NOT	onda Stati	utes.			ONS/CHANGES TO			DRS 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.

SIGNATURE:

A- CAST OF THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-953-3318

Date