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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # PORODOS1010

| Distinct Discount Distance | Mailing Address | | | | |
|--|-----------------------------|---|--|--|--|
| Principal Place of Business | • , | | | | |
| 1633 PERIWINKLE WAY | 1633 PERIWINKLE WAY | | | | |
| Suite a Sanibel FL 33957 | Suite a Sanibel fl 33957 | | | | |
| SHINDLE TE 30007 | OWNER 12 90007 | | | | |
| | | | | | |
| 2. Principal Place of Business | 2a. Mailing Address | | | | |
| – | 26 | | | | |
| 21 | . 26 | | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | | |
| Suite, Apt. #, etc. | | • | | | |
| 21 Suite, Apt. #, etc. 22 City & State | Suite, Apt. #, etc. | • | | | |

FILED Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90024 039 ***150.00



| | <u> </u> | | | | | <u> </u> | 1011 Bill 1801 | | |
|--------------------------|--|--|----------|--------------------------|-----------------|--|--|--------------------|--|
| Principal Place | of Business | Mailing Addre | ess . | | | | | | |
| 1633 PERIWINK | LE WAY | 1633 PERIWIN | KLE WAY | | | | | | |
| SUITE A SUITE A | | | | | DO NOT WRITE IN | T WRITE IN THIS SPACE | | | |
| Sanibel FL 33 | 957 | SANIBEL FL 3 | 3957 | | • | 3. Date Incorporated or Qualifed | | | |
| | | | | | | 07/16/1993 | | • | |
| A 6: : 10 | - A Design | 2n Mailing A | ddroop | | | 4. FEI Number | I An | plied For | |
| Z. Principal Pi | ace of Business | 2a. Mailing A | uuress | | | 65-0426449 | | t Applicable | |
| 211 | 4 -1- 3 | . 26 Suite, Apt | * # ata | | | 05-0420449 | \$8.75 A | | |
| Suite, Apt. | #, etc. | — · · · | #, BIG. | | | 5. Certificate of Status Desired | Fee Re | | |
| City & State | | 27 City & Sta | ato | | | C. Shaking Consoling Singuistics | | · | |
| ¬ ' ' | 9 | | 216 | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 Added to | • | |
| !3 | Country | 28 Zip | | Country | , | 1 | | 0 1 000 | |
| Zip · | | <u> </u> | 30 | ¬ . | | This corporation owes the current ye Personal Property Tax. | ☐ Yes | No | |
| 4 | 9. Name and Address of Cu | 29 | | 71 | | 10. Name and Address of New Regist | | | |
| | | Thirt Registered Age | · · | 81 | Name | To. Hamb and Hadrood of Hoth Hagier | **** ********************************* | | |
| MUR | TY, TIMOTHY J | and a second control of the second control o | | | | | | | |
| GFF 1633 | PERIWINKLE WAY | | | 82 | Street Add | ress (P.O. Box Number is Not Acceptable) | | | |
| SUIT | | | | 83 | | 13.20 FACTOR OF STATE OF STATE OF STATE | 7 1. O. S. 18 1 2 1 2 | 000 880 1941 | |
| | BEL FL 33957 | | | 03 | | | | | |
| OAIT | IDEE (E 3095) | • | | 84 | City | 4 1 1 2 2 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 | 85 Zip 0 | Code | |
| 4.556.3 (15.535) 2.31.35 | 1.41 - 11 - 12 - 12 | the second second | <u></u> | | | poration submits this statement for the purpo on's board of directors. I hereby accept the | <u>FL </u> | | |
| SIGNATURE | m familiar with, and accept the ol | _ | | | | ed when reinstating) . DA | <u>.</u> те | | |
| 12. | | AND DIRECTORS | ` | 13. | | ADDITIONS/CHANGES TO OFFICER | S AND DIRECTO | RS IN 12 | |
| TITLE | PST | | DELETE | 1.1 TITLE | 1 | AT NOTES IN | ☐ Change | ☐ Addition | |
| NAME | GRAY, DALE A | • | | 1.2 NAME | | A E TO THE WORLD | • | | |
| STREET ADDRESS | 1134 SCHOONER PLACE | | | 1.3 STREET | T ADDRESS | | | | |
| CITY-ST-ZIP | SANIBEL FL 33957 | | | 1,4 CITY-S | T-ZIP | | | | |
| TITLE | OI II II DELET I E OOOT! | | DELETE | 2.1 TITLE | | , | Change | ☐ Addition | |
| NAME | | | | 2.2 NAME | | | | | |
| STREET ADDRESS | - | | | | TADDRESS | | | | |
| | grand grand to the second | No with the first of the state of | ٠. | 2.4 CITY-S | | · . | | | |
| CITY-ST-ZIP | 4 5 5 54 55 | |] DELETE | 3.1 TITLE |)1-2II | | ☐ Change | ☐ Addition | |
| 15, 69 45 | D. 阿罗克 (1985) | | | 3,2 NAME | | | | | |
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| 797.41 | EA | | | | | | | | |
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| | | | | 4. 2 NAME | | | | _ | |
| NAME IALI BER, FOR | 1€ Yes | 75 | | | T 4000E00 | | | | |
| STREET ADDRESS | y ₀ → | | | | T ADDRESS | | | | |
| CITY-ST-ZIP | | | DELETE | 4.4 CITY+S 5.1 TITLE | 11-ZIP · | · | ☐ Change | Addition | |
| TITLE | | L | 1 Percie | 5.1 HILE 5.2 NAME | | Programme Control | | | |
| NAME | | | | | T ADDRESS | 7 P. | • | • | |
| STREET ADDRESS | P\$(| | | | | 1. 1. 1. 1. 1. | | | |
| CITY-ST-ZIP | | · · · | l notete | 6.1 TITLE | 1-411 | | ☐ Change | Addition | |
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| NAME | EARTH AT PART | | | 6.2 NAME | T +D0D500 | | | | |
| STREET ADDRESS | e kurt Musika kurt e iku u | | | | T ADDRESS | | | | |
| | | | | 6.4 CITY C | יד אור די | · · · · · · · · · · · · · · · · · · · | * | | |

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 trust the ampowered 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: