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Secretary of State

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000075861

SHELLE K. OTTO, P.A.

Principal Place	e of Business	Mailing Address			1 (88))60) //8	#10# 11011 <b>0</b> 0110 <b>0</b> 0110 <b>0</b>			
2010 PINE TERRACE		2010 PINE TERRACE							
SARASOTA FL 34231		SARASOTA FL 34231-3424				DO NOT WRITE IN	LTUIC CDAC	-	
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					11/02/1993	a or qualifed			
2. Principal Pl	lace of Business	2a. Mailing Address		4.	FEI Number				lied For
21		26			65-0446383	-170			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5.	Certificate of Star	us Desired			dditional
22		27						ee Red	
City & State	e	City & State		6.	Election Campai	- 1			May Be
23		28			Trust Fund Cont			dded to	rees
Zip	Country	Zip	Country	8.	-	owes the current y	rear Intangible		□No
24	25	29 3	0		Personal Proper	y rax. ess of New Regis			- NO
	9. Name and Address of	Current Registered Agent	81 Nat		Name and Add	ess of New Regis	stereu Agent		
OTT	O, SHELLE K		lo i Na	ine					
	) PINE TERRACE		82 Str	eet Address (f	O. Box Number	s Not Acceptable)			
	ASOTA FL 34231						·		
JAN	AGOTA LE GAZOT		83						
			84 City	у		<del>.</del>	FL 85	Zip C	ode
11 Dureugnt	to the provisions of Sections 6	07.0502 and 607.1508, Florida Statutes	the above-nam	ned corporatio	n submits this sta	ement for the purp	ose of chang	ing its r	registered
Tr. ( Gisuani	to the provisions of occurrs of	Ct-t ( El-side Overb -b was out	horized by the c	amaration's b	and of disastors	hereby accent the	annointment	as red	:- <u>I</u> a-d
office or re agent. I a	egistered agent, or both, in the m familiar with, and accept the	e State of Florida. Such change was autle obligations of, Section 607.0505, Florida	la Statutes.	orporation's o	pard of directors.		орронины		isterea
office or re agent. I as SIGNATURE	egistered agent, or both, in the m familiar with, and accept the Signature, typed or printed name of regist	e obligations of, Section 607.0505, Floric	la Statutes.				DATE		istered
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agent. I a	m familiar with, and accept the	e obligations of, Section 607.0505, Floric tered agent and title if applicable. (NOTE: R	ia Statutes. legistered Agent signa	ture required when	reinstating)		ATE ERS AND DIR		istered
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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

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, oxform an attachment with an address with all other like empowered.