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 # P93000082474

Principal Place of Business Saa S TAMIAMI TRAIL Sara SARSOTA FL 34231 US 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualifed 11/22/1993 4. FEI Number 55-0451231 Not Applicable Suite, Apt. #, etc. Suite,
Principal Place of Business Mailing Address S263 S TAMIAMI TRAIL SARASOTA FL 34231 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/22/1993 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualifed 11/22/1993 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualifed 11/22/1993 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualifed 11/22/1993 2. Principal Place of Business 2. A FEI Number 65-0451231 Not Applicable 1. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Certificate of Status Desired 56-0451231 Not Applicable 1. See Required 2. City & State 2. City & State 3. Certificate of Status Desired 58.75 Additional Fee Required 3. Trust Fund Contribution 4 Added to Fee 3. This corporation owes the current year Intangible Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, up the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Section 607.0508, Florida Statutes. 12. OFFICERS AND DIRECTORS IN 12
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Securitizate of Status Desired Fee Required
City & State
Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent LUZIER, THOMAS B 650 NORTH TAMIAMI TRAIL OSPREY FL 34229 81 Name
Zip
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LUZIER, THOMAS B 650 NORTH TAMIAMI TRAIL OSPREY FL 34229 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City Spras or FL 85 Zip Code 85 Zip Code 86 City Spras or FL 86 Zip Code 87 Zip Code 87 Zip Code 88 City Spras or FL 88 Zip Code 89 Zip Code 99 Zip Code 90 Zip C
LUZIER, THOMAS B 650 NORTH TAMIAMI TRAIL OSPREY FL 34229 82 Street Address (P.O. Box Number is Not Acceptable) 3 4 0 0 5 TAMI AMI I 83 FL 85 Zip Code 3 4 23 9 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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NAME 4.2 NAME
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A3 STREET ADDRESS A4 CITY-ST-ZIP A4 CITY-ST-ZIP Change Addition A
4.3 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, or on an attachment with an address, with all other like empowered.

6.2 NAME

8.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELETE

Change

☐ Addition

FILED
Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90005 032 ***150.00