## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000087835

1. Corporation Name

Principal Place of Business

CITY-ST-ZIP

CITADEL II, INCORPORATED

| SUITE 306              | IL HWT   | SUITE 306<br>BOCA RATON FL 33432  |               |  |   |  |                              |                        |  |
|------------------------|--|---|---------------|--|---|--|------------------------------|------------------------|--|
| <b>BOCA RATON F</b>    | FL 33432 .                                       |   |               |  | DO NOT WRITE IN THIS SPACE  |  |                              |                        |  |
|                        |  |   |               |  | 3. Date Incorporated or Qualifed 12/27/1993   |  |                              |                        |  |
| 2 Dringing Di          | ace of Business                                  | 2a. Mailing Address   |               |  | 4. FEI Number   |  | A                            | plied For              |  |
|                        | ace of Dusiness                                  | <b>⊢</b>  | 26            |  |   |  | <u> </u>                     | t Applicable           |  |
| Suite, Apt. #, etc.    |  | Suite, Apt. #, etc.   |               |  | 65-0455735   Not Applicable  5. Certificate of Status Desired   S8.75 Additional Fee Required |  |                              |                        |  |
| 22                     | <u> </u>   | 27  |               |  |   |  | <del>- :</del>               |                        |  |
| City & State           | e ·  | City & State  | <b>├</b> ──   |  |   | 6. Election Campaign Financing \$5.00 May Be |                              |                        |  |
| 23                     |  | 28  |               |  |   | Trust Fund Contribution Added to Fees        |                              |                        |  |
| Zip                    |  |   | Country       | g, mis objection and the same grant and the same gr |   | □No  |                              |                        |  |
| 24 25 29 30            |  |   | 0             | Personal Property Tax. Yes LINO  10. Name and Address of New Registered Agent  |   |  |                              |                        |  |
|                        | 9. Name and Address of Curr                      | ent Registered Agent  | 81            | Name   | 10. Name and Address of New F   | vegiatereu -                                 | - Agent                      |                        |  |
| raattama, Henry H. Jr  |  |   | 61            | of Name  |   |  |                              |                        |  |
| 1 S.E                  | E. 3RD AVENUE                                    |   | 82            | Street Add   | ddress (P.O. Box Number is Not Acceptable)  |  |                              |                        |  |
| 28TH FLOOR             |  |   | 83            |  |   |  |                              |                        |  |
| MAIM                   | /II FL 33131                                     |   | -             | 0.0  |   |  | OE Zin                       | Code                   |  |
|                        |  |   | 84            | City   |   | FL   | 85 Zip                       | Code                   |  |
| office or re           | enistered agent or both in the Sta               | 502 and 607.1508, Florida Statutes<br>te of Florida. Such change was auth<br>gations of, Section 607.0505, Florid | nonzed by     | the comporat   | poration submits this statement for the tion's board of directors. I hereby accept            | purpose of optithe appoint                   | changing its<br>itment as re | registered<br>gistered |  |
| SIGNATURE              | Signature, typed or printed name of registered a | gent and title if applicable. (NOTE: Re   | egistered Age | nt signature requi   | red when reinstating)   | DATE   |                              |                        |  |
| 12.                    |  | AND DIRECTORS   | 13.           |  | ADDITIONS/CHANGES TO OF   | FICERS AN                                    | D DIRECTO                    | RS IN 12               |  |
| TITLE                  | DCS  | DELETE  | 1,1 TITLE     |  |   |  | ☐ Change                     | Addition               |  |
| NAME                   | SCHMIDT, RICHARD L.                              |   | 1.2 NAME      |  |   |  |                              | İ                      |  |
| STREET ADDRESS         | 1515 N FED HWY, #306                             |   | 1.3 STREE     | TADORESS   |   |  |                              |                        |  |
| CITY-ST-ZIP            | BOCA RATON FL                                    |   | 1.4 CITY-S    |  |   |  |                              |                        |  |
| TITLE                  | DP   |   |               |  |   | <del> </del>                                 | Change                       | ☐ Addition             |  |
| NAME                   | GENSHEIMER, MARK A.                              | _   | 2.2 NAME      |  |   |  |                              |                        |  |
|                        | 1515 N FED HWY. #306                             |   |               | T ADDRESS  |   |  |                              |                        |  |
| STREET ADDRESS         | BOCA RATON FL                                    |   | 2.4 CITY-     |  |   |  |                              | Ì                      |  |
| CITY-ST-ZIP            | BOCA HATON FL                                    | DELETE  | 3.1 TITLE     | 31-21  | <del></del> -   |  | Change                       | Addition               |  |
|                        | •  |   | 3.2 NAME      | 1  |   |  |                              | Į                      |  |
| NAME<br>STREET ADDRESS | •  |   | E .           | T ADDRESS  |   |  |                              | ł                      |  |
|                        | 7.   |   | 3.4. CITY-    |  |   |  |                              |                        |  |
| CITY-ST-ZIP<br>TITLE   | <u> </u>   | ☐ DELETE  | 4.1 TITLE     |  |   |  | Change                       | Addition               |  |
| NAME                   |  | <del></del>   | 4. 2 NAME     |  |   |  |                              | }                      |  |
| STREET ADDRESS         | I  |   |               | TADORESS   |   |  |                              | Ì                      |  |
| CITY-ST-ZIP            |  |   | 4.4 CITY-S    |  |   |  |                              | }                      |  |
| TITLE                  | <u> </u>   | ☐ DELETE  | 5.1 TITLE     |  |   |  | Change                       | Addition               |  |
| NAME                   | •  |   | 5.2 NAME      |  | • •   |  | ,                            | }                      |  |
| STREET ADDRESS         |  |   | 5.3 STREE     | T ADDRESS  |   |  | _                            | 1                      |  |
| CITY-ST-ZIP            |  |   | 5.4 CITY-S    | ST- ZIP  |   |  |                              |                        |  |
| TITLE                  | *  | ☐ DELETE  | 6.1 TITLE     |  |   |  | Change                       | ☐ Addition             |  |
| NAME                   |  |   | 6.2 NAME      |  |   |  |                              |                        |  |
| STORET ANNOESS         |  |   | 6.3 STREE     | T ADDRESS  |   |  |                              | 1                      |  |

14. I hereby certify that the information supplied with this filing does not gualify 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 of 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.

6.4 CITY-ST-ZIP

Gensheimer, President

3/31/99

(561) 750-1030

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90082 048 \*\*\*150.00