

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

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90059 022 \*\*\*150.00

DOCUMENT # P94000000124

1. Corporation Name  
DIRECTIONS 21, INC.



Principal Place of Business  
2477 STICKNEY PT. ROAD, STE 111  
SARASOTA FL 34231  
US

Mailing Address  
2477 STICKNEY PT. RD STE 111  
SARASOTA FL 34231  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/03/1994

4. FEI Number

65-0452378

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 4100 CORPORATE SQUARE

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

22 SUITE 114

Suite, Apt. #, etc.

27

City & State

23 NAPLES, FL

City & State

28

Zip

24 34104

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

WEGGEMAN, PETER J  
9598 KNIGHTSBRIDGE CIRCLE  
SARASOTA FL 34238

NEW  
ADDR. →

10. Name and Address of New Registered Agent

81 Name

WEGGEMAN, PETER J.

82 Street Address (P.O. Box Number is Not Acceptable)

4704 RIO POLO COURT

83

84 City

NAPLES

FL

85 Zip Code

34109

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

TITLE ☐ DELETE

NAME WEGGEMAN, PETER

STREET ADDRESS 9598 KNIGHTSBRIDGE CIRCLE 4704 RIO POLO COURT

CITY-ST-ZIP SARASOTA FL NAPLES, FL 34109

TITLE ☐ DELETE

NAME WEGGEMAN, JUDITH

STREET ADDRESS 9598 KNIGHTSBRIDGE CIRCLE 4704 RIO POLO CT

CITY-ST-ZIP SARASOTA FL NAPLES, FL 34109

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99

941.403.3771

Date

Daytime Phone #

CR2E034 (1/1/98)