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

Mailing Address

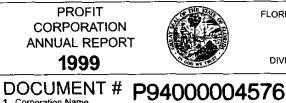
1419 ORLANDO BLVD

**PROFIT CORPORATION** ANNUAL REPORT 1999

NE)

Principal Place of Business

1419 ORLANDO BLVD



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90060 020 \*\*\*150.00

/INS ENTERPRISES, INC	

	FIL 33952 PORT CHARLOTTE FL 33952		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed		
					01/10/1994		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		optied For
21		26			65-0455730		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & State	e ^	City & State	,		6. Election Campaign Financing		May Be
23	<del></del>	28	Carret		Trust Fund Contribution		to Fees
Zip	Country	Zip	Countr	у	This corporation owes the current year Intelligence Personal Property Tax.	ingible ∐Yes	⊠No
24	9. Name and Address of Curre	29 36	<u> </u>		10. Name and Address of New Registered A		
	9. Name and Address of Cure	nt Registered Agent	81	Name	To. Name and Addition of How Magneton		<del></del>
NEVI	INS. DONALD P		_				
	1419 ORLANDO BLVD			82 Street Address (P.O. Box Number is Not Acceptable)			
	T CHARLOTTE FL 33952		83	<del> </del>			
			<u> </u>	0.4		Dr 7:-	Code
			84	City	FL	85 Zip	Code
office or re agent. I ar	egistered agent, or both, in the State m familiar with, and accept the obliga-	of Florida. Such change was auti	nonzed by	/ the corpora	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoint	ntment as	registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Re	egistered Age	nt signature requi	red when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change	e
NAME	NEVINES, DONALD P.		1.2 NAME				
STREET ADDRESS	1419 ORLANDO BLVD		1.3 STREE	TADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE FL		1.4 CMY-	ST-ZIP		-	FTI A delikion
TITLE	V	☐ DELETE	2.1 TITLE			Change	e [] Addition
NAME	NEVINS, PAUL S		2.2 NAME	i			
STREET ADDRESS	4026 HONOLULU DRIVE		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY-	ST-ZIP		Change	e
TITLE	TS	☐ DELETE	3.1 TITLE			[_] Changi	a Modition
NAME	NEVINS, FLORENCE C.		3.2 NAME	1			
STREET ADDRESS	1419 ORLANDO BLVD			TADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE FL	☐ DELETE	3.4. CITY-	S1-ZIP		[] Change	e
TITLE		□ OFFETE	4.1 IBLE			~13	
NAME				T ADDRESS			
STREET ADDRESS			4.3 STREE				
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	,		[] Change	e 🔲 Additio
NAME		_	5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	e 🗌 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STRE	ET ADDRESS			
CITY-ST-ZIP	(		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 open attachment with an address, with all other like empowered.

SIGNATURE:

Donald P. Nevins

941-423-2747

=:::

CR2E034 (11/98)