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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000017628**1. Corporation Name

SBA SYSTEMS OF FORT MYERS, FLORIDA, INC.

Principal Place of Business Mailing Address			Address							
			SO. TAMIAMI TRAIL							
UNIT 3 18-195						DO NOT WRITE IN THIS SPACE				
FORT MYERS FL 33908 FT. MYERS FL 33908 US						F	3. Date Incorporated or Qualife			
		55					03/03/1994			
Principal Place of Business 2a. Mailing Address						·	4. FEI Number		Ar	pplied For
21		<u> </u>	26				_65-0480085	~	No	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22		27	27				5. Certificate of Status Desired		Fee Re	equired
City & Stat	е	City 8	City & State				6. Election Campaign Financing	· 🗆		May Be
23		28					Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	_	Count	ry .	1	8. This corporation owes the cu	rrent year Inta		
24	25	29	3	0			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curr	ent Registered	Agent	.	41 35		10. Name and Address of New	Registered /	Agent	
OI UE	TIDE CUDICTORUED I			8	1 Name	9				
SHIELDS, CHRISTOPHER J 1833 HENDRY STREET				8	2 Stree	t Addres	s (P.O. Box Number is Not Accep	table)		
				L						
FUR	T MYERS FL 33901			8	3					
				8	4 City		· · · · · · · · · · · · · · · · · · ·		85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,								FL		
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applica		Registered Ap	ent signaturi	e required w	hen reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AN	D DIRECTO	ORS IN 12
TITLE	D		DELETE	1,1 TITLE		75	18		Change	☐ Addition
NAME	WORTH, TRICIA L			1.2 NAM	.	مدندا	RTH, TRUM L.			
STREET ADDRESS	6492 ROYAL WOODS DRIVE	UNIT #3		1.3 STRE	ET ADDRES	s 12.	119 Second St	26		
CITY-ST-ZIP	FORT MYERS FL 33908	0.11.7		1.4 CITY		Fr.	My ores P. A.	905		
TITLE	·		DELETE	2.1 TITLE		+ • •	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
NAME .	•			2.2 NAM	Ē					
~STREET ADDRESS		-			ET ADDRES	s	-			E 1 .
CITY-ST-ZIP				2. 4 CITY	-ST-ZiP					
TITLE			☐ DELETE	3.1 TITLE					Change	Addition
NAME	1 · 3 · 1 · 1 · 1 · 1 · 1			3.2 NAM		•				
STREET ADDRESS	:	•		3.3 STRE	ET ADDRES	s	•			
CITY-ST-ZIP				3.4. CITY	-ST-ZIP					
TITLE			☐ DELETE	4,1 TITL8	i				☐ Change	☐ Addition
NAME				4. 2 NAM	E					
STREET ADDRESS				4.3 STRE	ET ADDRES	s				
CITY-ST-ZIP				4.4 CITY	ST-ZIP					
TITLE		<u> </u>	☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME				5.2 NAM	≣					
STREET ADDRESS				5.3 STR	ETADDRES	s				
CITY-ST-ZIP				5.4 CITY						
TITLE	1		☐ DELETE	6.1 TITLE					☐ Change	☐ Addition
NAME				6.2 NAM	Ē					
STORET ADDORSS				6.3 STR	ET ADDRES	s!				

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 feetiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in officer or director of the corporation or the Block 12 or Block 13 inchanged, or on an

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

4823903