

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 31, 1999 8:00 am**  
**Secretary of State**

03-31-1999 90057 035 \*\*\*150.00

DOCUMENT # P94000025090

1. Corporation Name

IAD CAPITAL CORP.

Principal Place of Business

Mailing Address

2198 Main Street  
Sarasota, FL 34237

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4/1/94

4. FEI Number

65-0480204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$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

2a. Mailing Address

21 2890 Palm Beach Blvd.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Ft. Myers, FL

28

Zip Country

Zip Country

24 33916

25

USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Peter J. Jaensch  
2198 Main Street  
Sarasota, FL 34237

81 Name

Russell Attree

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

2890 Palm Beach Blvd.

83

84 City

Ft. Myers

FL

85 Zip Code  
33916

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

Russell Attree

3/16/99

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	Russ Attree	
STREET ADDRESS	2890 Palm Beach Blvd.	
CITY-ST-ZIP	Ft. Myers, FL 33916	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	Julian Attree	
STREET ADDRESS	2890 Palm Beach Blvd.	
CITY-ST-ZIP	Ft. Myers, FL 33916	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Julian Attree	
1.3 STREET ADDRESS	2890 Palm Beach Blvd.	
1.4 CITY-ST-ZIP	Ft. Myers, FL 33916	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Peter Attree	
2.3 STREET ADDRESS	2890 Palm Beach Blvd.	
2.4 CITY-ST-ZIP	Ft. Myers, FL 33916	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Russ Attree	
3.3 STREET ADDRESS	2890 Palm Beach Blvd.	
3.4 CITY-ST-ZIP	Ft. Myers, FL 33916	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Russell Attree, Pres.

3/16/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)