## 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

## DOCUMENT # P94000036965

1. Corporation Name

## FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90163 030 \*\*\*150.00

B & P R	AMSEY, INC						
Principal Place	nf Rusiness	Mailing Address				/0 (1110 <b>0</b> 141 <b>0  1</b>	
1202 PINE ISLAND RD., UNIT 2B 300 N.E. 31ST STREET							
CAPE CORAL FL 33909 CAPE CORAL FL 33909							
US					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
0.07	(0.1	O- Mailing Address			05/13/1994 4. FEI Number		Applied For
2. Principal Place of Business 21. 2408 ANDALUS A BLVD. 26					65-0497751	Not Applicable	
21 408 ANDAWS A BLVD . 26 Suite, Apt. #, etc.					\$8.75 Addition		<del></del>
——————————————————————————————————————				-	5. Certifcate of Status Desired		Required
22				6. Election Campaign Financing		\$5.0	0 May Be
23 CAPE CORAL, FL. 28			Trust Fund Contribution Added to Fees			•	
Zip Country Zip			Country	Country 8. This corporation owes the current year Intangible		_	
24 339		29 30	<u> </u>		Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent	81	1	10. Name and Address of New Registered	J Agent	
DAMCEV ROUCE				Name			
RAMSEY, BRUCE 300 N.E. 31ST STREET			82	82 Street Address (P.O. Box Number is Not Acceptable)			
CAPE CORAL FL 33909			83				
UAF	E CONALTE 33303		83				
			84	City	F	85 Zi	ip Code
							ite registered
office or re agent. I a	to the provisions of Sections 607.0302 egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was auth lions of, Section 607.0505, Florida	orized by a Statutes	the corpora	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the appropriate the second statement of the purpose of the p	ointment as	registered
SIGNATURE					uired when reinstating) DATE		
12.	Signature, typed or printed name of registered agent OFFICERS ANI		13.	it signature requ	ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12
TITLE	D	DELETE DELETE	1.1 TITLE	["		Chang	
NAME	RAMSEY, BRUCE		1.2 NAME				
STREET ADDRESS	AND ME AND OTDERT		1.3 STREE	TADORESS			
CITY-ST-ZIP	0.000.000.4.51.000.00		1.4 CITY-S	T-ZIP			
TITLE			2.1 TITLE			Chang	ge Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	TADORESS			
CITY-ST-ZIP	CARE CORAL EL COCCO			ST-ZIP .	<u></u>		
TITLE			3.1 TITLE	"		Chang	ge Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			}
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
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NAME			4.2 NAME				1
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE	<del></del>		5.1 TTTLE			☐ Chang	ge Addition
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	1	——————————————————————————————————————	5.4 CITY-S	T-ZIP	LAME DT	Chart	yo [] Addition
TITLE		☐ DELETÉ	6.1 TITLE			Chang	ge
NAME			6.2 NAME				Į
STREET ADDRESS			6.3 STREE	T ADDRESS			

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: