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PROFIT CORPORATION · ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Kathérine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90002 012 ***150.00

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Principal Pla	ace of Business	Mailing Address			ODINO IIILO TERBI DIKI ODKIL ODKIL ODIL 161
2522 FRUIT		2522 FRUIT TREE DRIVE		·	
SARASOTA F		SARASOTA FL 34239	•	·	
59-3 				DO NOT WRITE IN T	HIS SPACE
· · ·				3. Date Incorporated or Qualifed 05/20/1994	
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	·	65-0499258	Not Applicable
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & St	tate	City & State		6 Flortion Compaign Financing	
23]		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curr			10. Name and Address of New Registe	red Agent
^-	ADO BADOADA		81 Name	, .	
	ABO, BARBARA		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
315782522 FRUIT TREE DRIVE				্ত্ৰিক কৰি কৰি কৰি কৰি কৰি কৰি কৰি কৰি কৰি	Prof. G. (6) (4) C. Ship Majir Carlo
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S. 15 13 11 1	uding the second		84 City	1000 100 100 100 100 100 100 100 100 10	85 Zip Code
ana entre	المعران المستعدد و				FL VI = 1 333
11. Pursuar office or agent. I	nt to the provisions of Sections 607.0 r registered agent, or both, in the Sta am familiar with, and accept the obli	502 and 607.1508, Florida Statute te of Florida. Such change was au gations of, Section 607.0505, Flor	i L is, the above-named controlled by the corporation ida Statutes.	rporation submits this statement for the purposition's board of directors. I hereby accept the a	e of changing its registered oppointment as registered
agent. I SIGNATÜRI	E Signature, typed or printed name of registered a	gations of, Section 607.0505, Flor	ida Statutes. Registered Apent signature requi	ired when reinstating) ; DATE	**************************************
agent. I SIGNATURI	E Signature, typed or printed name of registered a	gations of, Section 607.0505, Flor gent and title if applicable. (NOTE: AND DIRECTORS	Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
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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.

6.2 NAME . .

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP