FILE MORE FILING FEE AT FEIT MATERIAL TO TO MODE

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCU	MENT # P94000	0043592					
i. Colporation	OTA KAREZZI, INC.						
OMINAC	JIM RMINEZZI, INC.				I KORILARI ANI IRRI REPORTABLIK DOMI BOMI BOMI BORRA DARI BEHAR IRAN 1816 SARI 1416	ı	
						{	
Principal Plac	ce of Business	Mailing Address				i	
3740 BEE RIDGE RD 376 SARASOTA FL 34233 FC		3740 BEE RIDGE ROAD					
		FORT MYERS FL 34233			DO MOT MIDITE IN THIS PRACE		
υs		US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	\neg	
					06/10/1994		
2. Principal F	lace of Business	2a. Mailing Address			4. FEI Number Applied For	7	
21		26			65-0501345 Not Applicable	<u>.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional		
22		27	_		Fee Required	4	
City & Sta	te	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	ļ	
23 7im	Country	Zip	Country			-	
_ Zip _ 24	_ Country	29 30			8.—This corporation owes the current year Intangible - Personal Property Tax. ☐ Yes ☑No		
24	9. Name and Address of Curren		7		10. Name and Address of New Registered Agent		
			81	Name	Chris J. Karakosta	\cdot	
JOSEPH R LOCKER, JR.			82	Street Addr	drass (P.O. Boy Number is Not Accontable)	-{	
350 5TH AVE SOUTH				515		_	
SUITE 200			83		•	1	
NAF	7LES FL 33940		84	City A	85 Zip Code	7	
				100	aples FL 34103	4	
11. Pursuant office or	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Statutes, of Florida. Such change was auth	the above orized by	the corporation	modelion submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered		
agent. I s	m familiar with and accept the obliga	ations of, Section 607.0505, Florida	Statutes.	•	Bar 4-30-99	(
SIGNATURE	Signature, typed or printed posed of legislands pos	ni and the Maranable (NOTE Re-	oustered Agen	t simpature require	red when remataking) DATE	1.	
12.		DOIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	20	
TILE	PSTD	☐ DELETE	11 nn.e		☐ Change ☐ Addition	n]	
NAME	KARAKOSTA, CHRIST J.						
STREET ADDRESS			1.3 STREET	ADDRESS			
C/TY-ST-ZIP	FT MYERS FL		1.4 CITY-ST	-ZIP	Date:		
TITLE	VPO	☐ DELETE	21 TITLE	Į	☐ Change ☐ Addition	" `	
NAME	SALIEVSKI, MITAT		2.2 NAME			-	
STREET ADDRESS	19060 S TAMIAMI TRAIL FT MYERS FL		23 STREET	}			
TITLE	D MICHO FL	DELETE	2.4 CITY-ST 3 1 TITUE	-20	☐ Change ☐ Addiso	<u>.</u>	
NAME	VANAS, JAMES	A. Carrier	32 NAME		<u> </u>	1	
STREET ADORESS	0 ****** *****		33 STREET	ADDRESS		1	
CITY-ST-ZIP	_FT MYERS FL		3.4. CITY-S1		<u></u>	╛	
TILE		☐ DELETE	4.1 TITLE		Change Addition	л]-	
NAME		· ·	4.2 NAME	}		-	
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-S1-ZIP			4.4 CITY-ST	-ZIP	Comment of Automatical Comments of Automatical Comment	_	
TIPLE		□ DELETE	5.1 TITLE		☐ Change ☐ Addition	17	
NAME		1	5.2 NAME 5.3 STREET	Annoese			
STREET ADDRESS			5.4 CITY-ST		₹		
TITLE		☐ DELETE	6.1 TITLE	-21	☐ Change ☐ Additio	7	
NAME		_ ~~~~	62 NAME				
STREET ADDRESS	_		6.3 STREET	ADDRESS			
ALLINE I MONKESS	٠	,					

14. I hereby certify that the information supplied with this filling 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 those and acceptate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to esecute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

6 4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

941) 403-8933

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90033 027 ***150.00

Daytime Phone #

CHRIST. WHALKOSTA