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 30, 1999 8:00 am Secretary of State

03-30-1999 90039 047 ***150.00

I. Corporation	MENT # P94000 In Name In S LANDING, INC.	060106			
OAI IAII	O LANDING, INC.				
Principal Place of Business Mailing Address		Mailing Address		I (BRINDA (IN INIX NINX) ODIII SANY ONIX GANID	######################################
3421 BONITA B	BEACH RD	600 HWY 7 E			
UNIT 408		Suite 101 Richmond Hill on 148-27		DO NOT WRITE IN THIS	SPACE
BONITA SPRINGS FL 34134 RICHMOND HIL US				3. Date Incorporated or Qualifed	OI AGE
				08/11/1994	
2. Principal Place of Business 2:		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0533022	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		City & State			
City & State		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country 1	. 71	
24	25		O CANADA	Personal Property Tax.	☐Yes ☐No
=:1	9. Name and Address of Current			10. Name and Address of New Registered	Agent
010	TAIL IN FOTAITATA INO		81 Name		į
CAPTAIN INVESTMENTS , INC.			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
3421 BONITA BEACH ROAD UNIT 408					
BONITA SPRINGS FL 34134			83		ļ
DOIN	IIIA OI MINGO I E OFIOT		84 City		85 Zip Code
44 Diversions	to the annihilate of Continue 607 0507	2 and 607 4509 Florida Statuto	s the above named so	rporation submits this statement for the purpose of	changing its registered
office or r	egistered agent, or both, in the State of	of Florida. Such change was aut	thorized by the corpora	tion's board of directors. I hereby accept the appoi	ntment as registered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Flore	da Statutes.		
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NOTE: F	Registered Agent signature requ	ired when reinstating) DATE	 1
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PSTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KAPYTN, JOHN	···	1.2 NAME		1
STREET ADDRESS	600 HIGHWAY NO. 7 EAST, ST		1.3 STREET ADDRESS	.110 100	
CITY-ST-ZIP	RICHMOND HILL ON L4B1B 2			L4B 1B2	☐ Change ☐ Addition
TITLE		☐ DELETE	2.1 YITLE		☐ cuange ☐ vocious
NAME			2.2 NAME		
STREET ADDRESS		· • نيدون در ميون •	2.3 STREET ADDRESS	التعليبية المحيمات والمراكات المستعل المجال السيامة	The second of the second of
CITY-ST-ZIP		DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME		_	3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		}
CITY-ST-ZIP	,		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		<u>_</u>	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	f		5.4 CITY-ST-ZIP		
		□ nei ete	6.1 TITLE		Change C Addition
TITLE NAME		☐ DELETÉ	6.1 TITLE 6.2 NAME		☐ Change ☐ Addition

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 eddress, with all other like empowered.

6.4 CITY+ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNAT SIGNATURE AND TYPED OR PRIVED NAME OF SIGNING OFFICER OR DIRECTOR Mar. 8/99