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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000062245

1. Corporation Name
2495 MCCALL ROAD CORP.

Principal Place of Business	Mailing Address
2033 MAIN STREET SUITE 400 SARASOTA FL 34237	3701 BOCA POINTE DR SARASOTA FL 34238 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1994

4. FEI Number: 65-0531422 ☐ 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 Street: 2495 McCall Rd.	26 Street: 431 South Creek Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Englewood Florida	28 City & State: Osprey Florida
24 Zip: 34224 25 Country: USA.	29 Zip: 34229 30 Country: USA.

9. Name and Address of Current Registered Agent

HANKIN, LAWRENCE M
2033 MAIN STREET
SUITE 400
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name: Marvin Kaplan
82 Street Address (P.O. Box Number is Not Acceptable): 431 South Creek Dr.
83
84 City: Osprey FL 85 Zip Code: 34229

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	KAPLAN, MARVIN		1.2 NAME		
STREET ADDRESS	3701 BOCA POINTE DR		1.3 STREET ADDRESS	431 South Creek Dr	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	Osprey, Florida 34229	
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MILLARD, KEVIN		2.2 NAME		
STREET ADDRESS	8858 MISTY CREEK DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			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			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			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: SIGNATURE REQUIRED — 3/8/99 — 941-966-4474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #