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

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90065 042 ***150.00

DOCUM 1. Corporation JOY-47,		078312		2 10011001 KB 10011 11011 00111 00111 00111 00111	I 1888 I 1888 III NAI 1888 HAI 1881
Principal Place	e of Business	Mailing Address		- LIBBLIARS IIR 18111 43811 88111 00111 00111	i ifitte igint iiitti iitit kiti iaai
3201 SPAINWO	OD DRIVE	3201 SPAINWOOD DR			
SARASOTA FL 34232-5826 SARASOTA FL 34232				DO NOT WRITE IN THI	C CDACE
US		US		3. Date Incorporated or Qualifed	3 3 7 10 2
				10/24/1994	
2 Dringingt Bl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
	ace of business	26		59-3273525	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional
22	.,,	27		5. Certifcate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year le	ntangible
24	25	29	30	Personal Property Tax.	Yes □No
	9. Name and Address of Currer	nt Registered Agent	7	10. Name and Address of New Registered	d Agent
4475	DC JOHN H		81 Name	renda E. Wood	1
MYERS, JOHN H			82 Street Add	ress (P.Q. Box Number is Not Acceptable)	14 n
27 FLETCHER AVENUE				9 Bee Ridge Rd	#B
SAR	ASOTA FL 34237		83	•	
			84 City		85 Zip Code
			Sara	asota F	L <i>[34233</i> _
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu		poration submits this statement for the purpose coin's board of directors. I hereby accept the app	of changing its registered
oπice or re agent. La	egistered agent, or both, in the State m tamiliar with, and accept the obliga	itions of, Section 607.0505, Flo	orida Statutes.	on a source of an octoro. Thoras y accept one app	
SIGNATURE	Brasida 5	Work		_ <i>2</i> -1	9-29
	Signature, typed or printed name of registered age		E: Registered Agent signature require		ND DIRECTORS IN 12
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE	P TOCC ION W	€ DELETE	1.1 TITLE		
NAME	FOSS, JOY A		1.2 NAME		•
STREET ADDRESS	3201 SPAINWOOD DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY- ST- ZIP 2.1 TITLE	Lica Prazidost	Change Addition
TITLE		□ pereir	2.1 IIILE	Raymond C. foss Baol Spainwood Dr.	
NAME			2.2 NAME /	Ray Spainwood Dr.	
STREET ADDRESS			2.3 STREET ADDRESS	Sarasota, fh 3423	7 - 4- E 1/2
CITY-ST-ZIP		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	arasora, TA JERS	Change Addition
TITLE			3.2 NAME		
NAME					j
STREET ADDRESS			3.3 STREET ADDRESS		1
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	<u> </u>	☐ Change ☐ Addition
TITLE			4 2 NAME		_ ,
NAME			4 2 NAME 4 3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	<u></u>	Change Addition
TITLE		C DELETE	5.2 NAME		
NAME			5 3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		• •
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
-11CLL		_ 000010	- E - 1		}
NAME			6.2 NAME		,

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP