**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #  1. Corporation Name	P94000086949
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## IONA VENTURE CORPORATION

Principal Place of Business Mailing Address

## FILED Aug 10, 1999 8:00 am Secretary of State

08-10-1999 90020 016 \*\*\*550.00



17499 MCGREGOR BLVD. FORT MYERS FL 33908	17499 MCGREGOR BLVD. FORT MYERS FL 33908		DO NOT WRITE	IN THIS SPACE		
				3. Date Incorporated or Qualified 11/30/1994		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21 .	26			65:0537071	Not Applicable	
Suite, Apt. #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country	Zip <b>29</b>	Country 30		This corporation owes the curren     Intangible Personal Property.	t year Yes No	
9. Name and Address of Curren		301	·	10. Name and Address of New Registered Agent		
J. Hallo alia Adaloso di Califon	. regional		81 Name			
NAUMANN, MARK				(D.O. Book Novel on in Not Associated	- 3	
17499 MCGREGOR BLVD.			82 Street Addr	ress (P.O. Box Number is Not Acceptable	e)	
FORT MYERS FL 33908			83			
			21 00		85 Zip Code	
			84 City		FL 85 Zip Code	
11. Pursuant to the provisions of sections 607.0502	and 607,1508, Florida Statute	s, the ab	ove-named corpo	pration submits this statement for the purp	ose of changing its registered	
office or registered agent, or both, in the State agent, I am familiar with, and accept the obligation	of Florida. Such change was a	uthorize	d by the corporati	ion's board of directors. I hereby accept t	he appointment as registered	
	110/13 01, 30011011 001.0000 <sub>1</sub> 1 10	maa ota			\	
SIGNATURE	and title if applicable. (NC	TE: Registe	ered Agent signature req		DATE	
12. OFFICERS AN	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12	
TITLE DP	☐ DELETE	1.1 TC	TLE		CERS AND DIRECTORS IN 12  Change Addition	
NAME NELLANS, LARRY		1.2 NA	AME		(8	
STREET ADDRESS 15065 MCGREGOR BLVD.		1.3 \$7	REET ADDRESS		12	
CITY-ST-ZIP FORT MYERS FL 33908	1.4 Cl		TY-ST-ZIP			
TITLE DV	DELETE	2.1 TI	TLE		Change Addition	
NAME DUNBAR, ELLEN		2.2 N/	AME			
STREET ADDRESS 16998 CAPTIVA DR.		2.3 ST	REET ADDRESS	and the second		
CITY-ST-ZIP CAPTIVA FL 33924		_	TY-ST-ZIP	page a graph of the state of th		
TITLE D	☐ DELETE	3.1 <b>T</b> T			Change Addition	
NAME JOLA, VANCE		3.2 N/	AME /			
STREET ADDRESS 2417 WULFERT RD.			REET ADDRESS	·	ļ	
CITY-ST-ZIP SANIBEL FL 33957			TY-ST-ZIP			
TITLE S	L DELETE	4.1 TI			Change   Addition	
NAME NAUMANN, MARK		4.2 N	1		(	
STREET ADDRESS 17499 MCGREGOR BLVD.			REET AODRESS			
CITY-ST-ZIP FORT MYERS FL		_	TY-ST-ZIP			
TITLE   CAPITON DICK W	L DELETE	5.1 TI			Change Addition	
NAME CARLTON, RICK W STREET ADDRESS 17499 MCGREGOR BLVD.		5.2 N/	REET ADDRESS			
ET INTERCEI		5.3 51	1		}	
<del>                                     </del>					· · · · · · · · · · · · · · · · · · ·	
	<u> </u>		TY-ST-ZIP		Change Addition	
TITLE	DELETE	6.1 TI	TLE		Change Addition	
NAME	DELETE	6.1 TI	TLE		Change Addition	
	☐ DELETE	6.1 TI 6.2 N/ 6.3 ST	TLE		Change Addition	

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.

SIGNATURE: