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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

| ncipal Place o | | Mailing Addr | | | · | | | | | |
|--|--|---|--------------------------------|---|--|---|-----------------|---------------------|-------------------------------------|--|
| 1752 LITTLEPOINT CIRCLE SARASOTA FL 34231 | | 1752 LITTLEPOINT CIRCLE SARASOTA FL 34231 | | | | | | | | |
| | | | | | | 3. Date Incorporate | ed or Qualified | 3a. Date | o of Leet I | Second |
| | | | | | | 01/01/1999 | 5 | Ja. Daie | o Or Least r | төрүп |
| Principal Plac | e of Business | 2a. Mailing A | ddress | | | 4. FEI Number | 0545 | 020 | | Applied For |
| Saite, Apt. #. | etc. | Suite, Ap | t. #, etc. | | | <u> </u> | | 820 | ¢0.7 | Not Applicable 5 Additional |
| | | 27 | | | | 5. Certificate of Sta | tus Desired | | | Required |
| City & State | | City & Sta | ate | | | 6. Election Campaig | | | \$5.0 | 00 May Be |
| Zip | Country | 28 Ζιρ | | Country | | Trust Fund Conte | | <u> </u> | Adde | ed to Fees |
| • | 25 | 29 | | 30 | | 8. This corporation Florida Statutes | | intangible ta No | ix under s | 199.032, |
| | 9. Name and Address of Curren | t Registered Age | ent | 1 | | 10. Name and Add | | | Agent | |
| DECKAN | ADMAL O | | | 81 | Name | | | | | |
| BERMAN, | AKNOLU LEPOINT CIRCLE | | | 82 | Street Addr | ess (P.O. Box Number is | Not Acceptat | ole) | | |
| | A FL 34231 | | | 83 | | | | | | |
| 0/40/00) | NTE OTEOT | | | [63] | | | | | | |
| | | | | 84 | City | | | FL | 85 Z | ip Code |
| Pursuant to t | the provisions of Sections 607.0502 agent, or both, in the State of Florid and accept the obligations of, Section | and 607,1508, Flo | orida Statutor | n the phone of | amed coroor | alian a danita thin at the | ent for the nu | roose of cha | inging its | registered offic |
| | | do Creat abanca u | mua Statutes | s, the above h | a nod corpor | ation submits trils staten | ion to the pu | | | |
| familiar with, | and accept the obligations of, Section | da. Such change w ion 607.0505, Flori | ras authorize: da Statutes. | d by the corpo | oration's boar | d of directors. I hereby a | accept the app | ointment as | registere | agent. I am |
| NATHER | , | 00770000,11077 | ou Diamoo. | | | | accept the app | ointment as | registered | d agent. I am |
| NATHER | notion. Typical or polited non-elol regulated agrant a | and little if appricable | ou Diamoo. | £ Registered Agent | | I when reinstating) | | DATE | | ·• |
| JATHER | , | and title if applicable DIDIRECTORS | TON) | £ Registered Agent | | | | DATE | DIRECTO | DRS IN 12 |
| VATURE sij | nietice, typest or printed name of registered agrant a OFFICERS AND | and title if applicable DIDIRECTORS | ou Diamoo. | £ Registered Agent 13. 1 1 TiTLE | | I when reinstating) | | DATE | | ·• |
| NATURE Sign | OFFICERS AND D BERMAN, ARNOLD 1752 LITTLEPOINT CIRCLE | and title if applicable DIDIRECTORS | TON) | £ Registered Agent | signature required | I when reinstating) | | DATE | DIRECTO | DRS IN 12 |
| NATURE Signal Address | OFFICERS AND D BERMAN, ARNOLD 1752 LITTLEPOINT CIRCLE SARASOTA FL 34231 | and title if applicable DIDIRECTORS | TON) | E Registered Agent 13. 1 1 THLE 12 NAME | signature required | I when reinstating) | | DATE | DIRECTO | DRS IN 12 |
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SIGNATURE: Gimble Bernard Signature and typed or Printed Name of 2/13/96 9419211878