## FILE NUW: 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

## DOCUMENT # P94000090747

DANIEL SCHLUEB D.C. P.A.

## **FILED** Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90140 003 \*\*\*150.00

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Dein					J (BB)(BB) (IB (B))) PIPU POU			
Principal Place of Business Mailing Address								
SUITE 4					- 1 1881/1881   18 1811/ 818/ BRIDE		11111	
	SUITE 4 2677 S. TAMIAMI TRAIL SARASOTA FL 34239 SUITE 4					aurim iditt alltit tallt bilit 186	)) ( <b>11</b> )	
	1 2 34239	SARASOTA FL 34239						
					DO NOT WRITE II	I man		
2. Principal Place of Business					Date Incorporated or Qualifed	DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified		
21	Business ———	2a. Mailing Address			01/01/1995			
Suite, Apt. #, etc. 26					4. FEI Number	4. FEI Number		
22					65-0541372	Applied Fo	r	
	State	27				Not Applica	able	
City & State					5. Certifcate of Status Desired	\$8.75 Additional		
Zip		28			6. Election Campaign Financing	Fee Required	.	
24	Country	Zip	<del></del>	untry	Trust Fund Contribution	\$5.00 <sub>May Be</sub>	$\neg$	
<u> </u>	9 Name	29	,—	intry	This corporation owes the current year  Personal Property Tay		- }	
	9. Name and Address of Curren	Registered Agent	30	r				
	SCHLUEB, DANIEL D.C.			81 Name	10. Name and Address of New Registe	¥Yes □No		
26/7 S. TAMIAMI TRAII				81 Name	- Trouste	red Agent		
SUITE 4 82 Street Ac				82 Street Add	Address (P.O. Paula)			
SARASOTA EL 24000				<del>_</del>	et Address (P.O. Box Number is Not Acceptable)			
				83			}	
11 Pursus			İ	84 City	<del></del>		7	
office o	or registered agent or bestions 607.0502	and 607 1508. Florida Di				85 Zin Code	<b>→</b>	
agent.	I am familiar with, and accept the obligation	Florida. Such change was	ites, the ab	ove-named corp	oration submits this statement (	L Sup Code	-	
SIGNATUR	E	is or, Section 607.0505, Flo	orida Statut	es.	oration submits this statement for the purpose in s board of directors. I hereby accept the app	of changing its registered	$\dashv$	
12.	grant are of registered agent are					omment as registered	1	
TILE	OFFICERS AND	DIRECTORS	: Registered A	ent signature required	when reinstating)			
AME	, •	☐ DELETE			ADDITIONS/CHANGES TO OFFICE	<del></del>	1_	
TREET ADDRES	SCHLUEB, DANIEL DCPA		1.1 TITLE	1	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	7 8	
TY-ST-ZIP	O TOMONINI IRAH CIL A		1.2 NAME	,		☐ Change ☐ Addition	7 =	
717-31-21P	SARASOTA FL 34239			T ADDRESS			4	
ME	·	☐ DELETE	1.4 C/TY-	ST-ZIP			CR2E034 (11/98)	
		C) OCCCIE	2.1 TITLE			<del></del>	22 :	
REET ADDRESS			2.2 NAME	1		☐ Change ☐ Addition	5	
Y-ST-ZIP .E			2.3 STREE	ADDRESS	<u>.</u>		1	
		☐ DELETE	2.4 CITY-S	T-ZIP	W. Array Say		<u> </u>	
Æ		L'I DELETE	3.1 TITLE			· · · · · ·		
ET ADDRESS			3.2 NAME	1		☐ Change ☐ Addition	-	
-ST-ZIP			3.3 STREET	ADDRESS			•	
- 1			3.4. CITY- ST	,	•	}		
- [		DELETE	4.1 TITLE			1		
TADDRESS			4. 2 NAME	1		☐ Change ☐ Addition		
ST-ZIP			4.3 STREET A	DORESS		. V- L_ \(\text{COUND}\)		
			4.4 CITY-ST-			1		
1		☐ DELETE	5.1 TITLE	<del></del>	<del></del>			
T ADDRESS		1	5.2 NAME	1		☐ Change ☐ Addition		
T-ZIP		į	5.3 STREET AD	ORESS		— Modiliou		
7			5.4 CITY-ST-ZI	,		<b>\</b>	•	
}			6.1 TITLE	+		1		

6.3 STREET ADDRESS pereby 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 cer 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

6.2 NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADDRESS

1-27-99

941-366-9696

☐ Change

☐ Addition