## 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

## FILED Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90253 044 \*\*\*150.00

DOCUMENT # P95000( 1. Corporation Name RICK UKMAR, INC.	007509		
Principal Place of Business	Mailing Address		T HERISTOLFIA TÖLÖL BILIH BBILL SONN BBILL BBILL IBBILL BILLI BBILL BBILL BBILL BBILL BBILL BBILL BBILL BBILL
710 SHILO RD	46 N WASHINGTON BLVD		
SARASOTA FL 34240	STE 1		DO NOT WESTERN THE OBACE
SARASTOA FL 34236			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
	US		01/24/1995
2. Principal Place of Business	2a. Mailing Address		4, FEI Number Applied For
21 5831 CENTER RING RD.	26		65-0638697 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		_ \$8.75 Additional <
22	27		5. Certificate of Status Desired - Fee Required
City & State  23 SARASOTA FL	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year Intangible
24 34243 25	29	30	Personal Property Tax.
9. Name and Address of Current			10. Name and Address of New Registered Agent
MICHAICD AICHINA		81 Name	
WEINER, NEVIN A		82 Street	Address (P.O. Box Number is Not Acceptable)
46 N WASHINGTON BLVD STE 1 SARASOTA FL 34236			
SARASUIA EL 34230		83	
		84 City	85 Zip Code
	1007 4500 51 11 51 11		corporation submits this statement for the purpose of changing its registered
I affice or registered agent or both in the State of			
agent. I am familiar with, and accept the obligati  SIGNATURE  Signature, typed or printed name of registered agent	ions of, Section 607.0505, Flori	ithonzed by the corplical Statutes.  Registered Agent signature	required when reinstating)  DATE
agent. I am familiar with, and accept the obligati  SIGNATURE  Signature, typed or printed name of registered agent  12. OFFICERS AND	ons of, Section 607.0505, Flori and title if applicable. (NOTE: D DIRECTORS	Registered Agent signature	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
agent. I am familiar with, and accept the obligati  SIGNATURE  Signature, typed or printed name of registered agent  12. OFFICERS AND  TITLE DP	and title if applicable. (NOTE:	Registered Agent signature  13.  1.1 TITLE	required when reinstating)  DATE
agent. I am familiar with, and accept the obligati  SIGNATURE  Signature, typed or printed name of registered agent  12. OFFICERS AND  TITLE DP  NAME UKMAR, RICHARD	ons of, Section 607.0505, Flori and title if applicable. (NOTE: D DIRECTORS	Registered Agent signature  13. 1.1 TITLE 1.2 NAME	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  XXChange
agent. I am familiar with, and accept the obligation of the superior of the su	ons of, Section 607.0505, Flori and title if applicable. (NOTE: D DIRECTORS	Registered Agent signature  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  XXChange
agent. I am familiar with, and accept the obligation of the state of t	ons of, Section 607.0505, Flori and title if applicable. (NOTE: D DIRECTORS	Registered Agent signature  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  XXChange Addition  5831 CENTER RING ROAD  SARASOTA FL 34243
agent. I am familiar with, and accept the obligating SIGNATURE  SI	ons of, Section 607.0505, Flori and title if applicable. (NOTE: D DIRECTORS	Registered Agent signature  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  XXChange
agent. I am familiar with, and accept the obligating SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  DP  UKMAR, RICHARD  710 SHILO RD  CITY-ST-ZIP  SARASOTA FL 34240  TITLE  DV  NAME  UKMAR, FELICE	ons of, Section 607.0505, Flori and title if applicable. (NOTE: D DIRECTORS	A Statutes	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  XXChange Addition  5831 CENTER RING ROAD  SARASOTA FL 34243
agent. I am familiar with, and accept the obligating signature. Signature, typed or printed name of registered agent signature. The signature of properties of the signature of the signature of the signature of the signature. Signature, typed or printed name of registered agent signature. The signature, typed or printed name of registered agent signature. The signature of the si	ons of, Section 607.0505, Flori and title if applicable. (NOTE: D DIRECTORS	Registered Agent signature  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  XXChange
agent. I am familiar with, and accept the obligating signature. Signature, typed or printed name of registered agent signature. The signature of registered agent signature of registered agent signature. The signature of registered agent signature. The signature of registered agent signature of registered agent signature. The signature of registered agent signature of registered agent signature. The signature of registered agent signature of registered agent signature of registered agent signature. The signature of registered agent signature of registered	ons of, Section 607.0505, Flori and title if applicable. (NOTE: D DIRECTORS	A Statutes	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  XXChange
agent. I am familiar with, and accept the obligating SIGNATURE  Signature, typed or printed name of registered agent  12. OFFICERS AND  TITLE DP UKMAR, RICHARD  710 SHILO RD CITY-ST-ZIP SARASOTA FL 34240  UKMAR, FELICE 710 SHILO RD CITY-ST-ZIP SARASOTA FL 34240  TITLE DV TITLE DV TITLE DV TITLE DV SARASOTA FL 34240  DST	ons of, Section 607.0505, Flori and title if applicable. (NOTE:  D DIRECTORS  DELETE	13	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  XXChange Addition  5831 CENTER RING ROAD  SARASOTA FL 34243  \$\frac{\text{X}}{\text{C}}\text{hange}  Addition
agent. I am familiar with, and accept the obligating signature. Signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature of the signature	ons of, Section 607.0505, Flori and title if applicable. (NOTE:  D DIRECTORS  DELETE	Registered Agent signature  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  XXChange Addition  5831 CENTER RING ROAD  SARASOTA FL 34243  \$\frac{\text{X}}{\text{C}}\text{hange}  Addition
agent. I am familiar with, and accept the obligating signature. The signature of printed name of registered agent signature. The signature of printed name of registered agent signature. The signature of printed name of registered agent signature. The signature of the signature	ons of, Section 607.0505, Flori and title if applicable. (NOTE:  D DIRECTORS  DELETE	Registered Agent signature  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  XXChange Addition  5831 CENTER RING ROAD  SARASOTA FL 34243  \$\frac{\text{X}}{\text{C}}\text{hange}  Addition
agent. I am familiar with, and accept the obligating signature. Signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature of the signature	ons of, Section 607.0505, Flori and title if applicable. (NOTE:  D DIRECTORS  DELETE	Registered Agent signature  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  XXChange Addition  5831 CENTER RING ROAD  SARASOTA FL 34243  \$\frac{\text{X}}{\text{C}}\text{hange}  Addition
agent. I am familiar with, and accept the obligating signature. typed or printed name of registered agent signature. typed or printed name of registered agent signature. The signature of registered agent signature of registered agent signature. The signature of registered agent signature of registered agent signature. The signature of registered agent signature of registered agent signature. The signature of registered agent signature of registered agent signature. The signature of registered agent signature of registered agent signature. The signature of registered agent signature of	ons of, Section 607.0505, Flori and title if applicable. (NOTE: ) DIRECTORS  DELETE  DELETE	Registered Agent signature  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  XX hange
agent. I am familiar with, and accept the obligating signature. The signature of registered agent signature of registered agent signature. The signature of registered agent signature. The signature of registered agent signature of registered agent signature. The signature of registered agent signature of registered agent signature. The signature of registered agent signature of registered agent signature of registered agent signature. The signature of registered agent signature of	ons of, Section 607.0505, Flori and title if applicable. (NOTE: ) DIRECTORS  DELETE  DELETE	Registered Agent signature  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  XX hange
agent. I am familiar with, and accept the obligating signature. Signature, typed or printed name of registered agent signature. The signature of registered agent signature of registered agent signature. The signature of registered agent signature. The signature of registered agent signature of registered agent signature. The signature of registered agent signature of registered agent signature. The signature of registered agent signature of registered agent signature of registered agent signature. The signature of registered agent signature	ons of, Section 607.0505, Flori and title if applicable. (NOTE: DIRECTORS DELETE DELETE DELETE	Registered Agent signature  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME	required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  XXChange
agent. I am familiar with, and accept the obligating signature. Signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature, typed or printed name of registered agent to the signature, typed or printed name.  TITLE DP UKMAR, RICHARD 710 SHILO RD SARASOTA FL 34240  TITLE DV UKMAR, FELICE 710 SHILO RD SARASOTA FL 34240  TITLE DST UKMAR, JULIE 710 SHILO RD SARASOTA FL TITLE NAME STREET ADDRESS CITY-ST-ZIP SARASOTA FL TITLE NAME STREET ADDRESS ST	ons of, Section 607.0505, Flori and title if applicable. (NOTE: ) DIRECTORS  DELETE  DELETE	Registered Agent signature  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE	required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  XX hange
agent. I am familiar with, and accept the obligating signature. Signature, typed or printed name of registered agent to the provided part of the provided pa	ons of, Section 607.0505, Flori and title if applicable. (NOTE: DIRECTORS DELETE DELETE DELETE	Registered Agent signature  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME	required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  XXChange
agent. I am familiar with, and accept the obligating signature. Signature, typed or printed name of registered agent to the property of the pr	ons of, Section 607.0505, Flori and title if applicable. (NOTE: DIRECTORS DELETE DELETE DELETE	Registered Agent signature  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME	required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  XXChange
agent. I am familiar with, and accept the obligating signature. Signature, typed or printed name of registered agent to the provided page of the provided pa	ons of, Section 607.0505, Flori and title if applicable. (NOTE: DIRECTORS DELETE DELETE DELETE DELETE	Registered Agent signature  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  5.1 STREET ADDRESS  5.4 CITY-ST-ZIP	DATE   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   XXChange   Addition   Addition   Change   Addition   Change   Addition   Change   Addition   Addition     Change   Addition     Change   Addition     Change   Addition     Change   Addition
agent. I am familiar with, and accept the obligation of the signature of t	ons of, Section 607.0505, Flori and title if applicable. (NOTE: DIRECTORS DELETE DELETE DELETE	Registered Agent signature  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  6.1 TITLE	required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  XXChange
agent. I am familiar with, and accept the obligating signature. Signature, typed or printed name of registered agent to the provided page of the provided pa	ons of, Section 607.0505, Flori and title if applicable. (NOTE: DIRECTORS DELETE DELETE DELETE DELETE	Registered Agent signature  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP	DATE   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   XXChange   Addition   Addition   Change   Chan

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 chapted, ox on, an attachment with an address, with all other like empowered. (941)928-4047

SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR