FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Apr 19, 1999 8:00 am Secretary of State **Katherine Harris** Secretary of State

04-19-1999 90017 036 ***150.00

Corboranoi	MENT # P950000 RPORATION	008723			
Principal Place	o of Business	Mailing Address			OEHON HONN HOOM HAND HAND
·		1910 VIRGINIA AVE			
FORT MYERS FL 33908 #14018					
•	-	FORT MYERS FL 33901		DO NOT WRITE IN THE	S SPACE
		U\$ ·		3. Date Incorporated or Qualifed	}
				02/01/1995	
<u> </u>	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
		Suite, Apt. #, etc.		65-0554500	Not Applicable \$8.75 Additional
	#, etc.	├ ¬ ` ` ` `		5. Certifcate of Status Desired	Fee Required
City & State	2	City & State		6. Election Campaign Financing	\$5.00 May Be
<u> </u>		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Ir	
24	25	29 3	_ ·	Personal Property Tax.	Yes □No · · ·
24]	9. Name and Address of Current		<u>*'</u>	10. Name and Address of New Registered	l Agent
			81 Name		
RUSSUM, EVA			82 Street Add	dress (P.O. Box Number is Not Acceptable)	· · ·
1910 VIRGINIA AVE #1401B			ou cot Add	,	
g FOR	T MYERS FL 33901		83		
			84 City		85 Zip Code
				Fil	<u> </u>
office of ragent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of the stat	ons or, Section 607.0505, Florid	egistered Agent signature requir		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	Change - Addition
TITLE	DVS	☐ DELETE	1.1 TITLE		☐ Change → ☐ Addition
NAME .	RUSSUM, EVA	•	1.2 NAME		`
STREET ADDRESS	1910 VIRGINIA AVE #1401B		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33901	D DELETE	1.4 CITY-ST-ZIP	<u> </u>	Change Addition
TITLE		, DELETE	2.1 TITLE		
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		_]
CITY-ST-ZIP		☐ DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE			3.1 (TILE 3.2 NAME	,	[
NAME	·	•	3.3 STREET ADDRESS	•	,
STREET ADDRESS			3.4. CITY-ST-ZIP		}
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME	•	
STREET ADDRESS			4.3 STREET ADDRESS		ļ
	,		4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		, .
STREET ADDRESS			5.3 STREET ADDRESS	,	
CITY-ST-ZIP	'		■		
			5.4 CITY-ST-ZiP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE .		☐ DELETE,		<u> </u>	☐ Change ☐ Addition
		☐ DELETE	6.1 T/TLE		☐ Change ☐ Addition

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 extachment with an address, with all other like empowered.

SIGNATURE:

AME OF SIGNING OFFICER OR DIRECTOR