## 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** 

## DOCUMENT # P95000020033

## FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90096 041 \*\*\*150.00

BOJOY,				. (480/484) 114 (818) 2111 8211 8211 8211 8211 8211 8811 88	
Principal Place	e of Business	Mailing Address			
4666 S CLEVEL		4666 S CLEVELAND AVE FT MYERS FL 33901			
US		US		DO NOT WRITE IN THIS SPACE	=
				3. Date Incorporated or Qualifed 03/13/1995	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For	
21		26		58-2164180 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	
City & State	e	City & State		6. Election Campaign Financing \$5.00 May Be	
23	_	28		Trust Fund Contribution Added to Fees	
Zip	Country		Country	8. This corporation owes the current year Intangible	
24 33	907 25	<sup>Zip</sup> 33901 3	10	Personal Property Tax.	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent	
DEE	NO DODERT		81 Name		
	NO, ROBERT		82 Street	Address (P.Q. Box Number is Not Acceptable)	
1735 BRANTLEY ROAD			1413	51 GEORGIAN BAY CIRCLE	
	E 1509		83 And	ARTMENT 204	
FUH	T MYERS FL 33907		84 City	85 Zin Code	
			Tries	- Myers FL 33912	
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes f Florida, Such change was aut	the above-named horized by the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	-
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	la Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent	and Alla Manadiachla /MOTC: C	legistered Agent signature r	required when reinstating)  DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	9
TITLE	P	DELETE	1.1 TITLE	☐ Change ☐ Addition	;
NAME	DEFINO, ROBERT J		1.2 NAME		;
STREET ADDRESS	207 CANTERBURY DRIVE		1.3 STREET ADDRESS		í
CITY-ST-ZIP	WALLINGFORD PA 19086-6617		1.4 CITY-ST-ZIP		í
TITLE	VPT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME	DEFINO, JOYCE		2.2 NAME	The second of th	
STREET ADDRESS	207 CANTERBURY DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	WALLINGFORD PA 19086-6617		2.4 CITY-ST-ZIP	<b>H</b>	
TITLÉ	S	☐ DELETE	3.1 TITLE	. Grange Addition	
NAME	Defino, robert jr		3.2 NAME	WALL BARREAU BAY CIRCLE ANT DOLL	
STREET ADDRESS	1735 BRANTLEY RD STE 1509		3.3 STREET ADDRESS	14151 GEORGIAN BAY CIRCLE -APT 204 FORT MYERS FL 33912	
CITY-ST-ZIP	FT MYERS FL 33907		3.4. CITY-ST-ZIP	10RT Myers FL 331/2	
TITLE		DELETE	4.1 TITLE	Change Addition	٠
-NAME *			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP	☐ Change · ☐ Addition	
TITLE		□ pereie	5.1 TITLE 5.2 NAME		
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE	Change Addition	
NAME	l .• .	<b>_</b>	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
SINEE! ADDRESS	1 2 2		0 4 OWN DT 210		

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 attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J. DEFINO