## PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000027204

MARK WILLIAMS, P.A.

STREET ADDRESS

CITY-ST-ZIP

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12613 NEW BRITTANY BLVD. 12613 NEW BRITTANY BLVD.									
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FORT MYERS FL 33907 FT. MYERS FL 33907					DO NOT WRITE IN THIS SPACE				1
US US					3. Date Incorporated or Qualifed				1
					04/05/1995				1 _
Principal Place of Business     Address     Address					4. FEI Number		<del> </del>	plied For	ļ. `
21 26					65-0569132			Applicable	ł
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	□ ;	<b>\$8.75</b> A Fee Re		
27				<del> </del>				<del>`</del>	1
City & State City & State					6. Election Campaign Financing		\$5.00 to		]
23	Country	Zip	Count	<u>ـ سټمټټ لامون</u> N	Trust Fund Contribution  8. This corporation owes the current	nt waar Intana		0 1 003	<b>∤</b> ∸
]Zip	— ·—·—	29	30		Personal Property Tax.			□No	
24]	9. Name and Address of Curre		<u>301</u>		10. Name and Address of New Re				1
<del></del>	5. Name and Address of Core	ant regulation of regions	8	1 Name		<i>y</i>			1
WILL	Jams, Mark		<u> </u>						ļ
1261	13 NEW BR. HWY BLVD		8	2 Street Addr	Address (P.O. Box Number is Not Acceptable)				)
SUITE 300				3					1
FOR	IT MYERS FL 33907			<u> </u>					ĺ
			8	4 City		Fi !	B5 Zip C	ebos	
11 Durauant	to the provisions of Sections 607.05	02 and 607 1508 Florida Statute	s. the abo	ve-named com	poration submits this statement for the p		anging its	registered	1
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a	thorized b	y the corporation	on's board of directors. I hereby accept	the appointm	ent as reg	istered	ł
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flor	ida Statute	·\$.		la las			
agent, I a SIGNATURE		- MARK WILL	<b>SMA</b>		A	18/99			
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE:	AMS Registered Ap	int signature require	ed when reinstating)	18 199 M			(96)
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A	ent and title if applicable (NOTE:	Registered Ap 13.	ent signature require	A	DATE CERS AND E			11/98)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ag OFFICERS A	ent and title if applicable (NOTE:	Registered Ag  13.  1.1 TITLE	ent signature require	ed when reinstating)	DATE CERS AND E	DIRECTO	RS IN 12	14 (11/98)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ag OFFICERS A P WILLIAMS, MARK	ent and title if applicable (NOTE:	Registered Ag 13. 1.1 TITLE 12 NAME	ent signature require	ed when reinstating)	DATE CERS AND E	DIRECTO	RS IN 12	5034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS A P WILLIAMS, MARK 9331 WINDLAKE DRIVE	ent and title if applicable (NOTE:	Registered Ag  13.  1.1 TITLE  1.2 NAME  1.3 STRE	ent signature require	ed when reinstating)	DATE CERS AND E	DIRECTO	RS IN 12	32E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZEP	Signature, typed or printed name of registered ag OFFICERS A P WILLIAMS, MARK	MARK WILLIAM (NOTE:	Registered Ag  13. 1.1 TITLE 12 NAME 13 STRE 1.4 CITY-	ent algneture require ET ADDRESS ST-ZIP	ed when reinstating)	DAYE CERS AND D	DIRECTO	RS IN 12	CR2E034 (11/98)
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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 eath; 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

6.3 STREET ADDRESS

8.4 CITY-ST-ZIP

Block 12 or Block 13		941-277-		
SIGNATURE:		Mark wich	1/8/98	0878
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O	R DIRECTOR	Dete	Daytime Phone #

FILED Apr 16, 1999 8:00 am Secretary of State 04-16-1999 90072 028 \*\*\*150.00

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