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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POSOCOOSST1

1. Corporation	NAME FOR THE STATE OF THE STATE	JU2037 1							
Principal Place	e of Business	Mailing Address						(11 1890) (181 188)	
1011 SEA SIDE DR. 1700 BEN FRANKLIN DR #111 SARASOTA FL 34242 SARASOTA FL 34236 US				F		DO NOT WRITE IN THIS SPACE			
		00				3. Date Incorporated or Qualifed 04/11/1995			
Principal Place of Business 2a. Mailing Address					-	4. FEI Number 65-0581293		Applied For Not Applicable	
21 Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>			5. Certificate of Status Desired	\$8.75	Additional	
22 27								Required	
City & State	е	 	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
23	Country	Zip	Cou	ntry		8. This corporation owes the current year I		d to rees	
Zip	Country		30	i ita y		Personal Property Tax.	∏ Yes	□No	
24	9. Name and Address of Curr	29 Agent	[30]			10. Name and Address of New Registere			
 	5. Haine and Address of Our	one regional regions		81	Name				
PENI	ny Ryan			00	Charat Add	Hence (D.O. Boy Number in Net Acceptable)			
1700 BEN FRANKLIN DR #11F				82	Street Add	dress (P.O. Box Number is Not Acceptable)			
SARASOTA FL 34236				83			•]	
				0.4	0:4		. [85 Zi	p Code	
				84	_	F-	ᄔᆝᆝ		
office or re agent. I as	egistered agent, or both, in the Sta m familiar with, and accept the obli	e of Florida. Such change was a gations of, Section 607.0505, Flo	orida Stati	i by ites	tne corporati	poration submits this statement for the purpose tion's board of directors. I hereby accept the app	ointment as	registered	
	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE AND DIRECTORS	E: Registered	Agen	it signature require	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12	
TITLE	DVP	DELETE	1.1 TG	ΠF	$ \top$, , , , , , , , , , , , , , , , , , , ,	☐ Chang		
NAME	MICHEALE RYAN		1.2 NA					\	
STREET ADDRESS	20 W 72ND #1106-A				TADDRESS			f	
CITY-ST-ZIP	NEW YORK NY 10023		1.4 CF						
TITLE	DP	☐ DELETE	2.1 TI				Chang	e 🔲 Addition	
NAME	PENNY RYAN		2.2 N	ME		_ es -		j	
STREET ADDRESS	1700 BEN FRANKLIN DR #1	1F	2.3 \$1	REE1	T ADDRESS	- * * * * * * * * * * * * * * * * * * *		·	
CITY-ST-ZIP	SARASOTA FL 34236		2.4 C	ITY-S	ST-ZIP				
TITLE		☐ DELETE	3,1 TI	ΠE			Chang	e 🔲 Addition	
NAME			3.2 NA	ME				i	
STREET ADDRESS			3.3 \$7	REE	TADDRESS				
CITY-ST-ZIP			3.4. C	TY-S	ST-ZIP				
TITLE		☐ DELETE	4.1 TI	ΓLE			☐ Chang	e	
NAME			4. 2 N	AME				ł	
STREET ADDRESS					T ADDRESS	•		1	
CITY-ST-ZIP		□ pereze	4.4 CI		T-ZIP		Chang	e	
TITLE		☐ DELETE	5.1 TI 5.2 N/				[] Gliang	L Addition	
NAME					TADORESS	•		1	
STREET ADDRESS			5.3 S (i				
CITY-ST-ZIP		[☐ nei £TE	6.1 TI		1- LIF		Chang	e Addition	

CITY-ST-ZIP 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CiTY-ST-ZiP

TITLE

NAME

STREET ADDRESS