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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000033892

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SARASOTA FL	34233	SARASOTA I	FL 34233			1			
US		us				<u> </u>	DO NOT WRITE IN	THIS SPACE	
							Date Incorporated or Qualifed		
•						(05/01/1995		
2 Principal P	lace of Business	2a. Mailing	Address		-	4. F	El Number	I A	pplied For
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21	# etc		pt. #, etc						Additional
Suite, Apt.	#, etc.		pt. #1,6tc.	سكيستين	يسديم	-50	Sertifcate of Status Desired —— 🔲 -		Required
22		27	M-1-						
City & State	е	. City & S	tate				Election Campaign Financing		May Be
23	t	28					rust Fund Contribution		to Fees
Zip	Country	Zip		Country			This corporation owes the current ye		
24	25	29	30	<u> </u>			Personal Property Tax.	□Yes	No
	9. Name and Address of Curre	ent Registered Ag	ent			10.	Name and Address of New Regist	ered Agent <u> </u>	
			<i>;</i>	81	Name				ļ
DOL	AN, LESLEY J	• •							·[
A 111832	AN, LESLEY J	Ж.,		82	Street	Address (P.C	D. Box Number is Not Acceptable)		l
	ASOTA FL 34240			83			19-12 - 1 2-2 - 14 FS1 1971 B11	TRANSPORT OF THE	100 100 100 100 100 100 100 100 100 100
O/AT	10017112 04210			63					
	•			84	City			85 Zip	Code
					J,			FL "	·
11 Pursuant	to the provisions of Sections 607.05	502 and 607.1508,	Florida Statutes,	the above	e-named	corporation	submits this statement for the purpo	se of changing it	s registered
office of r	egistered agent, or both, in the Stat	a of Florida, Such i							
Unice of 1	Carallana Market and annual short ability	etions of Continu	cnange was aum	OFIZED DY	the corp	oration's boa	ird of directors. I hereby accept the	appointment as r	egistered
⊍ੇ agent. I a	m familiar with, and accept the oblig	gations of, Section	607.0505, Florida	onzed by a Statutes	the corp	oration's boa	and of directors. I hereby accept the	арропшеш аз г	egistered
ੳ agent. I a SIGNATURE					ine corp	oration's boa			
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SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable.	(NOTE: Re	egistered Ager	ine corp	required when reli		TE RS AND DIRECT	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered as OFFICERS A	gent and title if applicable.		13.	ine corp	required when reli	nstating) : 1 "··· DA	TE	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered as OFFICERS A D DOLAN, LESLEY J	gent and title if applicable.	(NOTE: Re	egistered Ager	ine corp	required when reli	nstating) : 1 "··· DA	TE RS AND DIRECT	ORS IN 12
SIGNATURE 12. IIILE	Signature, typed or printed name of registered as OFFICERS A	gent and title if applicable.	(NOTE: Re	13.	the corp	required when rein	nstating) : 1 "··· DA	TE RS AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A D DOLAN, LESLEY J 1832 PAR PLACE	gent and title if applicable.	(NOTE: Re	13. 1.1 TITLE 1.2 NAME	nt signature	required when rein	nstating) : 1 "··· DA	TE RS AND DIRECT	ORS IN 12
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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 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. CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS