Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90043 016 ***150.00

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 # P95000045841

1. Corporation Name

Principal Place of Business -140 EL DORADO PKWY SW CAPE CORAL FL 33914	Mailing Address 140 EL DORADO PKWY SI CAPE CORAL FL'33914	w	~ s ·	DO NOT WRITE IN THIS S		
				3. Date Incorporated or Qualifed		
·				06/07/1995		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		optied For
21	26			65-0588713		ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
City & State 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip : Country	Zip	Countr	у	This corporation owes the current year Inta Personal Property Tax.	ingible	□No
9. Name and Address of C		100		10. Name and Address of New Registered A	gent	-
Traine dire Address of a	all of the state o	8.	Name			_
SHULTZ, RUSSEL H 140 EL DORADO PKWY., SW		. 82	82 Street Address (P.O. Box Number is Not Acceptable)			
CAPE CORAL FL 33914		8:	3			
		84	'	FL		Code
Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the	State of Florida, Such change was al	urnonzea n	v tne comorai	poration submits this statement for the purpose of coon's board of directors. I hereby accept the appoin	hanging its tment as re	registered gistered
SIGNATURE	AIOTE	Penietared An	ent signature redulit	red when reinstating) . DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R 12. OFFICERS AND DIRECTORS		13.	signature region	ADDITIONS/CHANGES TO OFFICERS AN	DIRECTO	ORS IN 12
TITLE D	DELETE	1,1 TTILE			☐ Change	☐ Addition
NAME KEILBACH, FRANK H DR		1.2 NAME				
	440 FL DODADO DIGANY OM		ET ADDRESS			
CITY-ST-ZIP CAPE CORAL FL 33914			ST-ZIP			
TITLE D					☐ Change	Addition
NAME KEILBACH, MAREILE		2 2 NAME	:			
STREET ADDRESS 140 EL DORADO PKWY., SW			ET ADDRESS			
CITY-ST-ZIP CAPE CORAL FL 33914		2. 4 CITY				FT Addition
TITLE	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME		3.2 NAME				
STREET ADDRESS		3.3 STRE	ET ADDRESS			

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.

3.4. CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

4.1 TTLE

4, 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

☐ DELETE

☐ DELETE

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY+ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

mle

NAME

Change

Change

Change

☐ Addition

Addition

☐ Addition