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 # P95000050296

FILED Feb 18, 1999 8:00am Secretary of State

02-18-1999 90024 007 ***150.00

| Principal Place of Business 2711 GRAFTON ST. SARASOTA FL 34231 2. Principal Place of Business 23 Mailing Address 24 Mailing Address 25 Mailing Address 26 Mailing Address | | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/26/1995 | | | | |
|---|--|--|-----------------------|-----------------------|--|----------------|--|--|--|
| | | | | | | | | | |
| 2a. Mailing Address | | | | | 4. FEI Number Applied For | | | ┦. | |
| Suite, Apt. #, etc. Suite Apt. # etc. | | | | | 65-0592868 | | | | |
| 22 27 | | | | | 5. Certificate of Status Desired | | 5 Additional | 7 | |
| City & State City & St | | | | | 6. Election Campaign Financing | | Required | -: | |
| Zip Country Zin | | | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | | ĺ | |
| 24 | 25 | Zip | Count | try | This corporation owes the current year Intangible | | | \dashv | |
| | 9. Name and Address of C | 29 Urrent Registered Agent | 30 | | Personal Property Tax. | Yes | No | - 1 | |
| | | Trouble Agent | | 11 Name | 10. Name and Address of New Regi | stered Agent | | | |
| | CHER, NORMAN | | | | | | | | |
| 2711 GRAFTON ST. SARASOTA FL 34231 | | | 8 | 2 Street Add | ess (P.O. Box Number is Not Acceptable) | | | \dashv | |
| | | | 8 | 3 | 5 9 - 15 8 18 18 18 18 18 18 18 18 18 18 18 18 1 | | <u> </u> | ,, | |
| | | | | _ | | | | | |
| 44 0 | | | 8- | | | FL 85 Zi | Code | \dashv | |
| office or | it to the provisions of Sections 607 registered agent, or both, in the S | .0502 and 607.1508, Florida Statut | es, the abo | ve-named corp | poration submits this statement for the purpon's board of directors. I hereby accept the | FL | 4m | | |
| agent. r SIGNATURE | , and absort the or | | nda Statute | S. 1445 204. | The second of th | appointment as | registered | | |
| 12. | | S AND DIRECTORS (NOTE: | | ent signature require | d when reinstating) | ATE | | 1_ | |
| TITLE | P | DELETE | 13. | _ | ADDITIONS/CHANGES TO OFFICE | RS AND DIRECT | ORS IN 12 | (11/98 | |
| NAME | EICHER, NORMAN | | 1.2 NAME | | W. Brankley | Change | ☐ Additio | n] E | |
| STREET ADDRESS | 2711 GRAFTON ST. | | 1.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | SARASOTA FL 34231 | | 1.4 CITY-S | 1 | | | | CR2E034 | |
| TITLE | S | ☐ DELETE | 2.1 TITLE | 71.21 | | (70) | . : | Է | |
| NAME | EICHER, CHERYL | | 2.2 NAME | | | Change | ☐ Additio | ^ ^ | |
| STREET ADDRESS | · · · · · · · · · · · · · · · · · · | | 2.3 STREE | TADDRESS | | | | 1 | |
| CITY-ST-ZIP TITLE | SARASOTA FL 34231 | | 2.4 CITY-5 | ST_ZIP | | | | - | |
| NAME | 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ☐ DELETE | 3.1 TITLE | | | ☐ Change | ☐ Addition | | |
| STREET ADDRESS | A TOTAL OF THE PROPERTY OF THE | | 3.2 NAME | | | onange | ☐ vaquaqu | ' | |
| CITY-ST-ZIP | <u>.</u> | | 3.3 STREET | ADDRESS | وعهامها والعمام والماها | | • | ļ | |
| TITLE | | | 3.4. CITY-S | T-ZIP | | | | - | |
| NAME | | ☐ DELETE | 4.1 TITLE | l | | Changé | Addition | <u>, </u> | |
| STREET ADDRESS | | | 4. 2 NAME | | | | | | |
| CITY-ST-ZIP | | | 4.3 STREET | | | | |] | |
| TITLE | | ☐ DELETE | 4.4 CITY-ST | -ZIP | | | | | |
| IAME | | | 5.1 TITLE 5.2 NAME | | * | Change | ☐ Addition | 1 | |
| TREET ADDRESS | | | 5.3 STREET | ADORESS | $\frac{\partial}{\partial x} f(x) = \frac{\partial}{\partial x} f(x)$ | | | | |
| iTY-ST-ZIP | · | | 5.4 CITY-ST- | | 17 1 1 48 1 1 1 | | | 1 | |
| ITLE | | ☐ DELETE | 6.1 TITLE | + | | | <u>. </u> | ' | |
| AME | | | 6.2 NAME | | | ☐ Change | ☐ Addition | : | |
| TREET ADDRESS | | | 6.3 STREET A | ADDRESS | | | | | |
| TY-ST-ZIP | | | E A CITY OF | | | | |] : | |
| | THIV that the information compliant. | with this filing does not qualify for th | | | <u> </u> | | | 1 | |

Thereby 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE SIGNATURE AND TYPED OR PARTIED NAME OF SIGNING OFFICER OR DIRECTOR ELChev_1-28-9-9-941-9235805