FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Kather ne Harris

Secretary of State DIVISION OF CORPORATIONS FILED Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90069 027 ***150.00

1999

DOCUMENT # **P95000050808** 1. Corporat on Name

Principal Place of Business	Mailing Address
4010 vana dr. Sarasota fl 34241	PO BOX 193 SARASOTA FL 34230
2. Principal Place of Business	2a. Mailing Address
21	26 4010 Vana Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
1	1 1
22	Cit\% & State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

 Applied For
Not Applicable

\$8.75 Additional

Fee Required

		21;			 l		
y & State			s& State Sarasota	c,FL	6. Electior Campaign Financing Trust Fund Contribution	4	0 May Be d to Fees
)	Country	Zipa	24741	Country	 8. This co poration owes the current year		
	25	ر ₂₉ ح	ファイブリ	30 U)A	Personal Property Tax.	☐ Yes	[]No

[]No Personal Property Tax. 10. Name and Address of New Registered Agent

MAPP, TIMOTHY 4010 VANA DR. SARASOTA FL 34241

81	Name							
82	Street Add	ress (P.O. Bo	ox Number is N	lot Acceptable	•)			
83								
84	City				FI_	85	Zip Ccde	

06/29/1995 4. FEI Number 65-0605123

5. Certificate of Status Desired

11. Pursuant to the provisions of Se tions 607.0502 and 607.1508. Florida Statutas, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered

m familiar with, and accept the obligations of, Section 607.0505,	Florida Statutes.				
Slandure hand a proted page of registered agent and title if applicable	NOTE Registered Agent signature required	when reinstating)	DATE		
OFFICERS AND DIRECTORS	13.		O OFFICERS AND DIRECTORS		
PTD DELETE	1.1 TITLE		☐ Change	Addition	
MAPP, F. TIMOTHY	1.2 NAME				
4010 VANA DR.	1.3 STREET ADDRESS				
SARASOTA FL 34241	1.4 CITY- \$T- ZIP				
VSD DELETE	2.1 TITLE		Change	☐ Addition	
MAPP, PAULA J	2.2 NAME				
4010 VANA DR.	2.3 STREET ADDRESS				
SARASOTA FL 34241	2. 4 CITY-ST-ZIP				
☐ DELETE	3.1 TITLE		Change	☐ Addition	
	3 2 NAME				
	3.3 STREET ADDRESS				
	3.4. CITY-ST-ZIP				
☐ DELETE	41 TITLE		☐ Change	Addition	
	4 2 NAME				
	4.3 STREET ADDRESS				
	4.4 CITY-ST-ZIP				
☐ DELETE	5.1 TITLE		☐ Change	☐ Addition	
	52 NAME				
	5 3 STREET ADDRESS				
	54 CITY-ST-ZIP				
☐ DELETE	6.1 TITLE		Change	Addition	
	6.2 NAME				
	6.3 STREET ADDRESS				
	6.4 CITY-ST-ZIP				
	Signature, typed or printed nan e of registered agent. Ind title if applicable. (No. 1) FFICERS AND DIRECTORS PTD	DELETE 1.1 TITLE	Signature, typed or printed nan e of registered agent, not title if applicable. (NOTE Registered Agent signature roop) ed when reinstating) PTD	Signature, typed or printed nan e of registered agent. In title if applicable. (NOTE Registered Agent signature required when reinstations) PTD	

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.

SIGNATURE:

OFFICER OR DIRECTOR

CR2E034 (11/98)