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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P9500058673

## FILED May 10, 1999 8:00 am Secretary of State

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Principal Place	of Busines	s	Mailing	Address				I (BBIIDB) ita idiai atiti aanti aanti santi		<b>6</b> 1117 1 <b>81</b>	****
7685 CITRUS H	ILL LANF		7685 CI	ITRUS HILL LANE							
NAPLES FL 34109 NAPLES FL 34109								DO NOT WRITE IN THIS SPACE			
US US									IIS SPACE		
								3. Date Incorporated or Qualifed			
Principal Place of Business     2a. Mailing Address								07/28/1995 4. FEI Number		Appl	lied For
2. Principal Place of Business			<b>├</b> ─¬					65-0597631	Not Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.					\$8.7		ditional
22	m, Çic.		$\vdash$	27				5. Certificate of Status Desired	Fe	e Requ	uìred
City & State	e	<del></del>		City & State				6. Election Campaign Financing S5.00 May Be			
23	_		28	<b>⊢</b> '				Trust Fund Contribution Added to Fees			
Zip		Country	Zip	1	Cou	intry	··	8. This corporation owes the current year		_	_
24		25	29		30			Personal Property Tax.	☐ Yes		□No
<b>.</b>	9. Name	and Address of Curr	ent Registere	d Agent		L.,		10. Name and Address of New Register	ed Agent		
						81	Name				•
	MON, THO					82	Street Addr	ess (P.O. Box Number is Not Acceptable)		-	
	CITRUS I			ļ							
NAPI	LES FL 33	942				83					
						84	City		. 85	Zip Co	ode C9
office or r	odietored ac	tent or both in the Stat	te of Florida S	Such change was .	authorized	ากงแ	-named corp he corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	ot cnangir pointment a	ig its re as regi:	egisterea stered
agent. I a	m familiar w	ith, and accept the obli	gations of, Sec	ction 607.0505, FI	orida Stat	utes	•				
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SIGNATURE								d when reinstation)			
	Signature, type	d or printed name of registered a	igent and title if appl	icable. (NOT	E: Registered		signature require	d when reinstating)  ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTOR	RS IN 12
12.		d or printed name of registered a		icable. (NOT		Agent	signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRE		RS 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.

SIGNATURE: Y DEFFICER OR DIRECTOR

Daytime Phone #