

PROFIT CORPORATION ANNUAL REPORT 1999

SIGNATÙRÉ:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000060124

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Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90101 028 ***150.00

rincipal Piece of Bus	iness ·		Malling Address							
440 METRO PKWY.			11440 METRO:PKV	VY:						
whi Ft. Myers fl 33912			WH! FT. MYERS FL 33912			DO NOT WRITE IN THIS SPACE				
						3. Date incorporated or Qualifed				
							08/03/1995			
. Principal Place of I	Business		2a. Mailing Addre	88			4. FEI Number		تنساسا	illed For
TC			26			65-0596039			Applicable	
Suife, Apt. #, etc.			Suite, Apt. #, etc.			٠ -:	.5. Certificate of Status Desired_		\$8.75 A	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			27						\$5.00	
City & State			City & State			6. Election Campaign Financing Trust Fund Contribution		Added to		
<u> </u>					Countr		8. This corporation owes the cur	rent veer inte		
Zip	Country			30	_	•	Personal Property Tax.		☐Yes	□No
Ĺ	. 25 Name and Address o	f Current	29 Registered Agent		"		10. Name and Address of New	Registered A	gent	
	Marrie Bird Accress C	,, , , , , , , , , , , , , , , , , , ,			8	1 Name				
VALENTINE	e, Michael J				8	2 Street Add	reet Address (P.O. Box Number is Not Acceptable)			
11440 MET	tro PKWY.				*	20000	HESS (F.O. DOX NOTION TO THE POPULATION			
- WH1					8	3				
FT. MYERS FL 33912					8	4 City			85 Zp (Code
					1.		<u></u>	<u> </u>	1	
IGNATURE Signature	w. typed or printed same of re	gistered Syent	and title if applicable.			ent algrature require	oration submits this statement for the on's board of directors. I hereby acceded when reinstancy and ADDITIONS/CHANGES TO OF	DATE	D DIRECTO	RS IN 12
SIGNATURE Signature	w. typed or printed same of re	gistered Syent	and title if applicable. DIRECTORS	(NOTE: Re	13.	ent algorature require	d when reinstating)	DATE		
SIGNATURE Signature 12. P	typed or printed same of re- OFFIC	gistered Syent	and title if applicable. DIRECTORS		13.	ent signature require	d when reinstating)	DATE	D DIRECTO	RS IN 12
SIGNATURE Signature 2. TILE P WALE VALE	o typed or printed name of re- OFFIC ENTINE, MICHAEL	gistared agent CERS AND	and title if applicable. DIRECTORS	(NOTE: Re	13. 1.1 TITLE	ent signature require	d when reinstating)	DATE	D DIRECTO	RS IN 12
SIGNATURE SIGNATURE 2. TITLE P VALE TREET ADDRESS 1144	or printed name of re- OFFIC ENTINE, MICHAEL 40 METRO PKWY.	gistared agent CERS AND	and title if applicable. DIRECTORS	(NOTE: Re	13. 1.1 TITLE	ent algorature require	d when reinstating)	DATE	D DIRECTO	ORS IN 12
SIGNATURE 2. THE P VALE STREET ADDRESS 1144 XIY-57-ZP FT.	o typed or printed name of re- OFFIC ENTINE, MICHAEL	gistared agent CERS AND	and his if applicable. DIRECTORS DI	(NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ent Alphature require ET ADDRESS ST-ZP	d when reinstating)	DATE	D DIRECTO	RS IN 12
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NTED NAME OF SIGNING OFFICER OR DIRECTOR