

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # . P95000070874

Principal Place 2725 SOUTH B SARASOTA FL	ENEVA ROAD	Mailing Address 2725 SOUTH BENEVA ROAD SARASOTA FL 34232			DO NOT WRITE IN THE 3. Date incorporated or Qualifed 09/13/1995			
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number	 	olied For	
21		26			65-0608619		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fea Re		
Cit, & Stat	8	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to		
23	Country	Zip Zip	Countr		8. This corporation owes the current year in			
Zip	[25]	<u> </u>	100 M	,	Personal Property Tax.		□No	
24	9. Name and Address of Current				10. Name and Address of New Registered	Agent		
NICHOLS, KERRY 2725 SOUTH BENEVA ROAD SARASOTA FL 34232			82	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83				
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	2 and 607.1508, Florida Statutes of Florida. Such change was aut	84 i, the above		poration submits this statement for the purpose of on's board of directors, I hereby accept the apport	85 Zip C of changing its pintment as rec	registered	
11. Pursuant office or r agent. I a	registered agent, or both, in the State of im familiar with, and accept the obligation Signature, typed or printed name of registered agent	ons of, Section 607.0505, Florid and title if applicable. (NOTE: R	i, the above horized by da Statute	ve-named cor y the corporat s.	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint when (shatuting)	of changing its pintment as reg	registered pisterec	
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14. hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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 path; 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 abdress, with all other like empowered.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

CITY-ST-ZIP

STREET ADDRESS

TITLE

[] Change

Addition

FILED

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90221 004 ***150.00