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

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90099 008 ***150.00

		 -							
	JMENT # P9500 SIDE VILLAGE, INC.	0074705							
	NOT TIEBIGE, INC.					1 188111861 148 18411 18411 18411			
Principal Place of Business Mailing Address									
3331 E. RIVERSIDE DRIVE 3331 E. RIVERSIDE DRIVE									
FORT MYERS FL 33916-1457 FORT MYERS FL 33916-1457									
						DO NOT WRITE IN TH	IIS SPA	CE	
						3. Date incorporated or Qualifed	-		
2. Principal Place of Business 2a Mailing Address						09/27/1995			
- The state of the						4. FEI Number		Ar	plied For
Suite, Ap	# etc	26 Suite A-4 #				65-0626446		. No	t Applicable
22		Suite, Apt. #,	eic.			5. Certifcate of Status Desired	\$	8.75 / Fee Re	Additional equired
	City & State City & State				<u> </u>	6. Election Campaign Financing	\$	5.00	May Be
Zip		28	<u>.</u>			Trust Fund Contribution			to Fees
24	Country	Zip		untry	,	8. This corporation owes the current year			
[24]	25	29	30	,		Personal Property Tax.	□Y	es	□No
	9. Name and Address of Curre	ant Registered Agent		1	T	10. Name and Address of New Registers	d Agen	t	
ROGERSON, STEVE				81	Name				
7574 TANIA LANE				82 Street Address (P.O. Box Number is Not Acceptable)					
NRTH FORT MYERS FL 33917				L_i					
				83		· · · · · · · · · · · · · · · · · · ·			
				84	City	· · · · · · · · · · · · · · · · · · ·			
44 5			_			F.	85	Zip C	
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 607.1508, Florida	a Statutes, the a	bove	-named co	orporation submits this statement for the purpose of	f chang	ing its	registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0	e was aumonze 505, Florida Stat	utes.	ine corpor	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the app	ointmen	t as reg	gistered
SIGNATURE									}
40	Signature, typed or printed name of registered ag		(NOTE: Registered	Agent	signature req	uired when reinstating) DATE			
12.	P OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIF	ECTO	RS IN 12
	, '	☐ DEL	.ETE 1,1 Tf	ΓLE			□c	hange	☐ Addition
NAME	ALBIN, JANEENE		1.2 N/	WE	1				,
STREET ADDRESS	1			1.3 STREET ADDRESS					
CITY-ST-ZIP	FORT MYERS FL 33994	·		TY-ST	-ZIP	<u></u>			ſ
TITLE			2.1 TITLE			_ □ CI	nange	Addition	
NAME	ROGERSON, STEVE		2.2 NA	ME					
STREET ADDRESS	7574 TANIA LANE		2.3 ST	REET	ADORESS				<u> </u>
CITY-ST-ZIP	NORTH FORT MYERS FL 339			TY-ST	-ZIP				[
TITLE	\$	☐ DEL	ETE 3.1 TIT	LE			Cr	ange	Addition
NAME	albin, david r		3.2 NA	ME	Ì			-	-
STREET ADDRESS	P O BOX 50412		2207	DEET A	NDOBECC				

CITY-ST-ZIP 6.4 CITY-ST-ZIP 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.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

TITLE

NAME

FT MYERS FL 33994

☐ Change

Change

Change

☐ Addition

☐ Addition

☐ Addition

CR2E034 (11/98)