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

DOCUMENT # P95000076057

NANCY K. REYNOLDS & ASSOCIATES CPAS, P.A.

Principal Plac	e of Business	M:	ailing Address							
4501 9TH ST. I			OT 9TH ST. N							
STE 212			E 212							
NAPLES FL 33940 NAPLES FL 33940								RITE IN THIS	SPACE	
							3. Date Incorporated or Qualife 09/29/1995	∌d	<i>\$</i>	<i>i</i> :
2. Principal P	Place of Business	2a.	Mailing Address				4. FEI Number		At	oplied For
21		26					65-0612757			ot Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional equired
City & Stat	te		City & State				6. Election Campaign Financin	ıg [m	\$5.00	May Be
23		28					Trust Fund Contribution		Added	to Fees
Zip	Countr	· —	Zip	Count	ry		8. This corporation owes the c	urrent year Int		
24	25	29		30			Personal Property Tax.		□Yes	□No
<u> </u>	9. Name and Addre	ess of Current Regis	tered Agent		<u> </u>		10. Name and Address of Nev	v Registered	Agent	
DEV	NOLDS MANOV V	•	7	8	ין וי	lame		•		
4845	NOLDS, NANCY K 5 W BLVD		grand Section	8	2 S	treet Addre	ess (P.O. Box Number is Not Acce	ptable)	e de la compansión de Servicios de	i de la constantina della cons
NAP	LES FL 33940			8	3		4. 15 15 15 15 15 15 15 15 15 15 15 15 15	自然問題		1
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11. Pursuant	to the provisions of Sec	tions 607.0502 and 6	07.1508, Florida Statu	tes, the abo	ve-na	amed corpo	oration submits this statement for t	he purpose of	changing its	registered
office or r	registered agent, or both im familiar with, and acc	i, in the State of Floric sept the obligations of	ta. Such change was : : Section 607.0505. Fl	authorized b orida Statute	y the s.	corporatio	on's board of directors. I hereby acc	cept the appoi	ntment as re	gisterea
SIGNATURE	,									
SIGNATURE	Signature, typed or printed name	a of societa and population of title								
-		e or registered agent and title	if applicable. (NOT	E: Registered Ag	jent sig	nature required	d when reinstating); \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	DATE		
12.		OFFICERS AND DIRE	CTORS	E: Registered Ag	jent sig	nature required	d when reinstating); \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
12.						nature required			ND DIRECTO	ORS 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 of 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 appears, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Feb 10, 1999 8:00am

Secretary of State 02-10-1999 90052 017 ***150.00