Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90187 027 \*\*\*150.00

## 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 # P95000077737

1. Corporation Name

M C BEF	rman ap	PARTMENTS, INC.										
Principal Place	e of Busines	s	M	ailing Address				-		(B)1 18811 1888	telet l <b>an</b> t sant	
5361 3RD AVE NW NAPLES FL 33999 NAPLES FL 33999								DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualifed				
								10/10/1995				
2. Principal Pl	lace of Busi	ness	2a.	Mailing Address				4. FEI Number			olied For	
21			26					65-0615963			Applicable	
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certifcate of Status Desired		<b>\$8.75</b> A Fee Rec		
City & State				City & State				6. Election Campaign Financing		\$5.00		
23			28					Trust Fund Contribution		Added to	Fees	
Zip		Country	<u> </u>	Zip	Cou	intry		8. This corporation owes the current	nt year Inta			
24		25	29		30			Personal Property Tax.			□No	
	9. Name	and Address of Curre	nt Regis	tered Agent		81	Name	10. Name and Address of New Re	gisterea <i>F</i>	rgent .		
PCDI	MAN, MAT	THEW D				"						
	3RD AVE					82	Street Addre	ss (P.O. Box Number is Not Acceptable	le)			
	LES FL 33					83				<del>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		
( 1976	LLO I L 33	333				3						
<b>{</b> <b>}</b>						84	City		FL	85 Zip C		
11. Pursuant office or reagent. I a	to the provisegistered acordinately	sions of Sections 607.05 jent, or both, in the State ith, and accept the oblig	02 and 6 of Floric ations of	07.1508, Florida Statut da. Such change was a , Section 607.0505, Flo	es, the a uthorized rida Stati	bove d by t utes.	-named corpo the corporation	ration submits this statement for the puris board of directors. I hereby accept	urpose of a	changing its introduced in the control of the contr	registered jistered	
SIGNATURE	1/10	d or printed name of registered ag		if continoble (NOTE	· Denietered	1 Acert	signature required	when reinstating)	DATE	77		١.
12.	Signature, types	OFFICERS A			13.	, rigein	t agriculto raquillo	ADDITIONS/CHANGES TO OFFI	CERS AN	D DIRECTO	RS IN 12	
TITLE					_	me_				Change	. 🔲 Addition	
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	D RERMAN	MATTHEW D		☐ DELETE	1.1 TII 1.2 N					_		
NAME	BERMAN	I, MATTHEW D		☐ DELETÉ	1.2 NA	AME	ADDRESS					
NAME STREET ADDRESS	BERMAN 5361 3R	D AVE NW		☐ DELETÉ	1.2 N/ 1.3 ST	AME						
NAME	BERMAN 5361 3R			☐ DELETE	1.2 N/ 1.3 ST	AME TREET		<u> </u>		Change	Addition	
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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 changes, if on an appear of the corporation or the receiver or trustee empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

THE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR