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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000079518

MCCARTHY INVESTMENTS OF MANATEE, INC.

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90038 004 ***150.00



			WEST		1		•
6118 RIVERVIEW BLVD. Bradenton Fl. 34209		4701 MANATEE AVENUE WEST BRADENTON FL 34209					
SHADENION IL	34200	55 25			DO NOT WRITE	IN THIS SPACE	
					3. Date Incorporated or Qualifed		Į
					10/17/1995		
2 Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	App	olied For
2. 1 (morpari n	300 01 230002	26			65-0625271	Not	Applicable
Suite, Apt. #	t otc	Suite, Apt. #, etc.				\$8.75 A	dditional
- 7	+, BIC.	27			5. Certifcate of Status Desired	Fee Re	quired
City & State		City & State			6. Election Campaign Financing	_ \$5.00	Mav Be
City & State	•	⊢ ,			Trust Fund Contribution	Added to	
3	Country		Countr	v	8. This corporation owes the curren	nt vear Intangible	
Zip ─₁	_ ′	⊢ '	30	,	Personal Property Tax.	☐Yes	™ No
4	25	29	30		10. Name and Address of New Re		~
	9. Name and Address of Curre	nt Registered Agent	8	1 Name	10. 110.110.0110		-
CALL	(ANIC SAMILIANA C		ľ				
	ANO, WILLIAM S		8	2 Street Add	iress (P.O. Box Number is Not Acceptable	le)	
	MANATEE AVENUE WEST		L.			175 (17 POL) (17 POL) (17 POL)	17601 470 1201
BRAL	DENTON FL 34209		8	3			
			8	4 City		85 Zip 0	Code
					. '	FL _	
44 Purcuant t	to the provisions of Sections 607.05	02 and 607,1508, Florida Statu	tes, the abo	ve-named cor	poration submits this statement for the principle board of directors. I hereby accept	urpose of changing its	registered
-0	solutored agent or both in the State	ant Fiorina Such change was	autilionizeu u	Y LITE CONDOING	tion's board of directors. I hereby accept	the appointment as re-	gistered
agent. I ar	m familiar with, and accept the oblig	ations of, Section 607.0505, Fi	unua Statute		,		
SIGNATURE		and title if poplicable (NO)	F: Registered Ac	ent signature requi	red when reinstating)	DATE	
	Signature, typed or printed name of registered ag			ent signature requi	applitions/CHANGES TO OFF		RS 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 address, with all other like empowered.

SIGNATURE