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**

Street Address (P

DOCUMENT # P95000088531 1. Corporation Name

25 MANATEE

9. Name and Address of Current Registered Agent

OUTERLIMITS, INC.

Principal Place of Business

Mailing Address

5520 14TH STREET WEST BRADENTON FL. 34207

2. Principal Place of Business

KAISER, RICHARD J

5520 14TH STREET WEST **BRADENTON FL 34207**

City & State

5520 14TH STREET WEST **BRADENTON FL 34207**

2a. Mailing Address

26 552D 14th Suite, Apt. #, etc.

City & State

34207

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FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90165 036 ***150.00

	DO NOT WR	TE IN THIS S	PACE	
==	-3. Date Incorporated or Qualifed		\.	
	11/16/1995			=
	4. FEI Number		Applied For	
	65-06289 <u>61</u>		Not Applicable	
	5. Certifcate of Status Desired		\$8.75 Additional Fee Required	
	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
	This corporation owes the currence Personal Property Tax.		gible ☐Yes ☐No	
	10. Name and Address of New I	Registered Ag	jent	
				
dres	s (P.O. Box Number is Not Accept	able)	,	
		FL	85 Zip Code	
orpor	ation submits this statement for the 's board of directors.'I hereby acce	purpose of ch pt the appointr	anging its registered ment as registered	-
alam d		DATE		_
urred v	hen reinstating)		DIDECTORS IN 12	go
	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTORS IN 12	×

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D DELETE	1.3 TITLE	Change Addition			
···-	U , —	1.2 NAME				
NAME !	KAISER, J. RICHARD					
STREET ADDRESS	4026 ROBERTS POINT RD	1.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34242	1.4 CITY-\$T-ZIP	☐ Change ☐ Addition			
TITLE	☐ DELETE	2.1 TITLE	Change Addition			
NAME		2.2 NAME				
STREET ADDRESS		2.3 STREET ADDRESS	دي ^ن س			
CITY-ST-ZIP		2. 4 CITY-ST-ZIP				
TITLE	□ DELETE	3.1 TITLE	Change Addition			
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS	3			
CITY-ST-ZIP		3.4. CITY-ST-ZIP				
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition			
NAME	ت النبية ليستران بالتيار	4.2 NAME				
STREET ADDRESS	man ·	4.3 STREET ADDRESS	5			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	4.4 CITY-ST-ZiP				
TITLE	DELETÉ	5.1 TITLE	☐ Change ☐ Addition			
NAME		5.2 NAME	· · · · · · · · · · · · · · · · · · ·			
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE .	DELETE □ DELETE	6.1 TITLE	☐ Change ☐ Addition			
NAME		6.2 NAME	•			
STREET ADDRESS		6.3 STREET ADDRESS	·			
CITY-ST-ZIP		6.4 CITY-ST-ZIP				

Country

30 WANATEE

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83 84 City

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 13 if chapter described by the order of the corporation or the receiver or trustee empowered to excluse this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed an address, with all other like empowered.

SIGNATURE:

KCOUIRED PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR