## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



DOCUMENT # POSOCOOQUEZ

Secretary of State DIVISION OF CORPORATIONS

## Mar 11, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris

03-11-1999 90014 046 \*\*\*150.00

1. Corporation ON FILE	Name	092431				
Principal Place of Business Mailing Address					I INDICATE THE MAINT BLUE BRUE SEVER SOUR PRINT NOW NOW AND	11 (88) 1881
750 PELICAN COURT 750 PELICAN COURT MARCO ISLAND FL 34145-5726 MARCO ISLAND FL 32987 3 9 US					DO NOT WRITE IN THIS SPACE	
US					3. Date Incorporated or Qualifed	
					01/02/1996	
Principal Place of Business     2a. Mailing Address						ed For
21					00 00 100 01	pplicable
Suite, Apt. #, etc.					5. Certificate of Status Desired   \$8.75 Add Fee Requ	
22 27 27 27 27 27 27 27 27 27 27 27 27 2						
City & State	City & State City & State 28				6. Election Campaign Financing Trust Fund Contribution Added to	
Zip 24	Zip Country Zip 31/11/			y		No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered Agent	
				Name	,	
PISANO, NICHOLAS 750 PELICAN COURT			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
	CO ISLAND FL 33937		83	3		
			84	City	FL 85 Zip Co	de
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	#h = = h =		ties submits this statement for the purpose of changing its re	distared .
office or n agent. I a SIGNATURE,	egistered agent, or both, in the State m familiar with and accept the obliga	of Florida, Such change was autitions of, Section 607,0505, Florid	la Statute	ine corporal SANO	Maide I DATE  DATE	2
12.			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR:	S IN 12 Addition
TITLE	PS NO MICHOLAS	☐ DELETE	1.1 TITLE		Change	
NAME	PISANO, NICHOLAS		1.2 NAME	- 1		
STREET ADDRESS	750 PELICAN COURT			ET ADDRESS		Ĭ
CITY-ST-ZIP			1.4 CTTY-1	S1-ZIP	Change	Addition
TITLE			2.2 NAME			_ (
NAME . STREET ADDRESS			1	ET ADDRESS		
CITY-ST-ZIP			2.4 CITY-		and the second of the second o	}
TITLE		☐ DELETE 3.17			☐ Change	Addition
NAME	321		3 2 NAME			
STREET ADDRESS			3.3 STREE	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
πιε		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4. 2 NAME	<b>■</b>		
STREET ADDRESS			4.3 STREE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY-		Change.	Addition
TITLE		☐ DELETE	5.1 TITLE	- 1	☐ Change	
NAME			5.2 NAME	ET ADDRESS		
STREET ADDRESS			5.4 CITY-			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		Change	Addition
NAME 1	in a second	had December	6.2 NAME	i i	<u> </u>	-
NAME STREET ADDRESS	े ४ ४ स			ET ADDRESS		

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZÍP