FILED

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90146 050 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business Mailing Address 3895 MIDSHORE DR 3895 MIDSHORE DR NAPLES FL 34109 US DO NOT WRITE IN THIS SPACE	3895 MIDSHORE DR NAPLES FL 34109 US 2. Principal Place of Busines 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 25 9. Name an ADAMCZYK, JOHI 3895 MIDSHORE NAPLES FL 34108	Mailing Add						
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3. Date incorporated or Qualified 12/08/1995 2. Principal Place of Business 2a. Mailing Address 25 25 26 27 27 28 28 28 29 29 30 30 30 30 30 30 30 30 30 30 30 30 30	2. Principal Place of Busines 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 9. Name an ADAMCZYK, JOHI 3895 MIDSHORE NAPLES FL 34108	3895 MIDSHORE DR 3895 MIDSHORE NAPLES FL 34109 NAPLES FL 341				DO NOT WRITE IN THI	SPACE	
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S. Cerificate of Status Desired Fee Required	City & State 23 Zip 24 9. Name and ADAMCZYK, JOHI 3895 MIDSHORE NAPLES FL 34108	26				65-0682485		
City & State City & Country City & State City & Country City & State Country Country City & State Country C	City & State 23 Zip 24 9. Name an ADAMCZYK, JOH 3895 MIDSHORE NAPLES FL 34109	Suite, A	pt. #, etc.			5. Certifcate of Status Desired		
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9. Name and Address of Current Registered Agent ADAMCZYK, JOHN M 3895 MIDSHORE DR NAPLES FL 34109 82 Street Address (P.O. Box Number is Not Acceptable) 83 Name 84 City FL 85 Zip Code 11. Fibrauant 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 of office or registered agent, I am familiar with, and accept the obligations of Sections 607.0505, Florida Statutes. SIGNÀTURE Signature, type of of light name of registered agenty of the obligations of Sections 607.0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) 12. OFFICER AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ADAMCZYK, JOHN M STREET ADDRESS CITY-ST-ZIP NAPLES FL 34109 DELETE 1.1 TITLE 2.2 NAME 2.3 STREET ADDRESS STR	9. Name an ADAMCZYK, JOH 3895 MIDSHORE NAPLES FL 34109	ı ' ı '		Country		· · · · · · · · · · · · · · · · · · ·	tangible	No
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11. Fursuant 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 Elevician Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Section 607.0505, Florida Statutes. SIGNÀFURE Signature, type of purpor name or 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 PT DELETE 1.1 TITLE Change Addition STREET ADDRESS CITY-ST-ZIP TITLE V. P. DELETE 2.1 TITLE V. P. DELETE 2.1 TITLE Change Addition Addition STREET ADDRESS CITY-ST-ZIP TITLE 2.3 STREET ADDRESS CITY-ST-ZIP TITLE 2.3 STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Change Addition Change Addition Change Addition Change Addition	11. Fursuant to the provision			83				
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5.4 CITY-\$T-ZIP	NAME STREET ADDRESS		■ (6.2 NAME				

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-ZIP