Applied For

Fee Required

\$5.00 May Be

Added to Fees

IZNo

Not Applicable \$8.75 Additional

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 # P95000095316

Country

9. Name and Address of Current Registered Agent

25

900 SIXTH AVENUE SOUTH #303 NAPLES FL-33940 34102

RUST, ROBERT J

1. Corporation Name

City & State

23

24

Zip

28

29

Zip

City & State ~ -

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90050 025 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

12/14/1995 4. FEI Number

65-0627437

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	•	84	City	FL 85 Zip Cod	е
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	PS DELETE 1	.1 TITLE		. Change	Addition
NAME	RUST, ROBERT J	2 NAME			ļ
STREET ADDRESS	900 SIXTH AVENUE SOUTH #303	3 STREE	T ADDRE	ESS	
CITY-ST-ZIP	NAPLES FL 1	4 CITY-S	T-ZIP		
TITLE	VTD □ DELETE 2	1 TITLE		☐ Change	Addition
NAME	CHRISTOPHER, SUSAN K. 2	2 NAME		}	}
STREET ADDRESS	900 SIXTH AVE SOUTH #303	3 STREE	T ADDRE	ess	
CITY-ST-ZIP	NAPLES FL 2	4 CITY-S	ST-ZIP		
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NAME		2 NAME			
STREET ADDRESS	6	3 STREE	T ADDRE	:88	
CITY-ST-ZIP	• • • • • • • • • • • • • • • • • • • •	4 CITY-S			
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 of 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.					

Country

81 Name

82

83

30

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING O