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 # P9600005324

1. Corporation Name

THE NO	HAND CURPURATION					į				
Principal Place	of Business	Mailing Address				1	I (BANTANI IN PRIM BINI ABIN ABIN		ALBO BLIDD THIS I	ISH 3101 1001
1429 COLONIAL BLVD. SUITE 102 1429 COLONIAL BLVD. SUITE FORT MYERS FL 33907 FORT MYERS FL 33907				102			DO NOT WRIT	E IN THIS	SPACE .	
						1	Date Incorporated or Qualifed 01/01/1996			
2. Principal Pl	ace of Business	2a. Mailing Address				4.	FEI Number		Apr	lied For
21		26					65-0638848		Not	Applicable
Suite, Apt.		Suite, Apt. #, etc.	1			_ 5.	Certificate of Status Desired	Π.,.	\$8.75 A	-
City & State		City & State	City & State			6.	Election Campaign Financing Trust Fund Contribution		\$5.00 i Added to	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangible				
24	25	25 29 30				Terdenal Troperty Tax:				No
	9. Name and Address of Current	Registered Agent				10.	Name and Address of New R	egistered /	Agent	
				81	Name					
MUR			82 Street Add			O. Box Number is Not Accepta	ple)			
	COLONIAL BLVD., SUITE 102				00017100			<u> </u>		
FORT	r Myers fl 33907									
				84	City			FL	85 Zip C	Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar vith, and accept the obligation	t Florida. Such change was .	autnonzed	DV I	named corporation	oratior on's bo	n submits this statement for the pard of directors. I hereby accep	ourpose of t the appoir	changing its ntment as rec	registered gistered
_	1 1. M	· Livel-					anul	20.	1999	?
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	Agent	signature required			DATE		
12.	OFFICERS AND	DIRECTORS	13.			ļ	ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE	P	☐ DELETE	1.1 111	ΓLE					Change	Addition
NAME	MURDOCK, RANDOLPH 121		1.2 N	ME						}
STREET ADDRESS	107 W OREGON RD		1.3 ST	1.3 STREET ADDRESS						}
CITY-ST-ZIP	LEHIGH ACRES FL 14		1.4 CF	1.4 C/TY-ST-ZIP						
TITLE			2.1 TT	2.1 TITLE			<u>- </u>		☐ Change	Addition
NAME	2.2		2.2 NA	2.2 NAME						ĺ
STREET ADDRESS	2.33		2.3 ST	2.3 STREET ADDRESS						
CITY-ST-ZIP	2.4		2. 4 C	. 4 CITY-ST-ZIP		,	* · · · · · · · · · · · · · · · · · · ·			
TITLE			3.1 TT	3.1 TITLE					☐ Change	Addition
NAME			3.2 N/	ME	ļ					1
STREET ADDRESS			3.3 ST	REET	ADDRESS					
CITY-ST-ZIP			3.4. C	ITY-ST	r-ZIP					
TITLE		☐ DELETE	4.1 TT						☐ Change	☐ Addition

CITY-ST-ZIP 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.

4, 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

4.3 STREET ADORESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90264 040 ***150.00

941.275.0444

Change

Change

Addition

☐ Addition