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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Katherine Harris Secretary of State

Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90099 001 ***150.00

FILED

	UMENT # P9600 N BURNS & CARROLL, INC			02-18-1999 90099 001 ***	
Principal Place of Business Mailing Address 2129 IMPERIAL CIR 2129 IMPERIAL CIR NAPLES FL 34110 NAPLES FL 34110 US US				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	THIS SPACE
Principal Place of Business 2a. Mailing Address			01/19/1996 4. FEI Number		
Suite, Ap	nt # ata	26		65-0658883	Applied For Not Applicable
22	ot. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
City & St	ate	City & State			Fee Required
23 Zip	Country	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	Zip	Country	8. This corporation owes the current year	r Intangible
	9. Name and Address of Curr	29 Pent Registered Agent	30	Personal Property Tax.	☐ Yes ☐ No
18-4	Mr. Sept. St. No. 4	registered Agent	81 Name	10. Name and Address of New Register	red Agent
JET	NNER, STEPHEN				
	29 IMPERIAL CIRCLE PLES FL 34110		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
INC	LLO 1 L 34110		83	1 1 2 2 1 4 1 4 1 4 2 1 4 3 1	70 (245 1-12 g) 5 Eta 7.3 (747)
			84 City		1.100000000000000000000000000000000000
11. Pursuan	t to the provisions of Castiana COZ as			F	85 Zip Code
office or	registered agent, or both, in the State	002 and 607.1508, Florida Statut e of Florida. Such change was a	es, the above-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered
ov agent. Fr	am tamiliar with, and accept the oblig				
		e of Florida. Such change was a pations of, Section 607.0505, Flo	rida Statutes.	one bears of affectors. Thereby accept the ap	pointment as registered
SIGNATURE		jations of, Section 607.0505, Flo	rida Statutes.	a second in the second the ap	pointment as registered
SIGNATURE	Signature, typed or printed name of registered ag	jations of, Section 607.0505, Flo	rida Statutes. Registered Agent signature require	id when reinstating).	pointment as registered
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ag OFFICERS A	ent and little if applicable. (NOTE	rida Statutes.	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered as OFFICERS A D JENNER, STEPHEN C	ent and title if applicable. (NOTE ND DIRECTORS	Registered Agent signature require	id when reinstating).	pointment as registered
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS A D JENNER, STEPHEN C 2129 IMPERIAL CIR	ent and title if applicable. (NOTE ND DIRECTORS	Registered Agent signature require 13. 1.1 TITLE	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP	Signature, typed or printed name of registered as OFFICERS A D JENNER, STEPHEN C	ent and title if applicable. (NOTE ND DIRECTORS	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
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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 Block 12 or Block 13 if changes or on an attachment with an address, with all other like empowered.

SIGNATURE:

941-597-829