Applied For

## 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 # P9600006782

1. Corporation Name

2. Principal Place of Business

VEAR ESTATE CONSERVATION OPPORTUNITIES, INC.

Principal Place of Business	Mailing Address
36 EDGEMERE WAY EAST	236 EDGEMERE WAY EAST
IAPLES FL 33999	NAPLES FL 33999

2a. Mailing Address

## **FILED** Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90022 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

01/18/1996 4. FEI Number

21		26			65-0649110	No <sup>s</sup>	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	¬ \$8.75 A	dditional	
27			5. Certifcate of Status Desired		Fee Required			
- City & State — City & State					6. Election Campaign Financing	¬ \$5.00	May Be	
23		28			Trust Fund Contribution	Added to	o Fees —	
Zip	Country	Zip	Count	гу	8. This corporation owes the current		_	
24 25 29 30			30	1 cisonal i repetty razii			□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	istered Agent		
			8	1 Name				
LICHT, MICHAEL 791 TENTH STREET SOUTH			8	82 Street Address (P.O. Box Number is Not Acceptable)				
NAPL	LES FL 34102		8	13				
			-	4 City		85 Zip C	ode	
						FL		
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abo	ve-named corp	oration submits this statement for the pur	pose of changing its	registered	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligati	f Florida. Such change was au	itnorizea c	by the corporation	on's board of directors. I hereby accept the	ie appointment as reg	yistered	
	m rammar with, and accept the obligati	oria or, adection box.cood, intoli	isa statut	VV.				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered A	gent signature require	d when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TITUE	E		☐ Change	☐ Addition	
NAME	VEAR, DAVID L		1.2 NAM	E				
STREET ADDRESS	236 EDGEMERE WAY EAST		13STRI	EET ADDRESS				
				-ST-ZiP				
CITY-ST-ZIP TITLE	VSD	[] DELETE	2.1 TITLE			Change	Addition	
NAME	VEAR, JENNIFER M		2.2 NAM	F				
	236 EDGEMERE WAY EAST			EET ADDRESS				
STREET ADDRESS				r-ST-ZIP				
CITY-ST-ZIP	NAPLES FL	DELETE	2.4 CIT			Change	Addition	
TITLE	DEVADO HINE	L_I GEELIE	3.2 NAM	i				
NAME	RIKARD, JUNE	TC 470	•	EET ADDRESS				
STREET ADDRESS	2805 BUTTERFIELD ROAD, SUI	IE 170	1					
CITY-ST-ZIP	OAK BROOK IL 60521	☐ DELETE	3.4. CITY 4.1 TITL	Y-ST-ZIP		Change	Addition	
TITLE			•				_	
NAME			4. 2 NAM					
STREET ADDRESS	•			EET ADDRESS				
CITY-ST-ZIP		☐ DELETE	5.1 TITL	'-ST-ZIP	4.91.91	☐ Change	Addition	
TITLE			5.2 NAM	i				
NAME				EET ADORESS				
STREET ADDRESS				-ST-ZIP				
CITY-ST-ZIP	DELETE 6.1 TII				and the second s	☐ Change	☐ Addition	
TITLE		□ nere1e	6.2 NAM					
NAME			•					
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP				'-ST-ZIP	and an original finding of the state of the		nformation	
14. I hereby o	certify that the information supplied wit	h this filing does not qualify for	the exem	ption stated in l	Section 119.07(3)(i), Florida Statutes. I fu e shall have the same legal effect as if m	irtner certify that the I lade under oath: that	inormation I am an	

indicated on this annual report of suppremental annual report is not and accurate and that my signature shall have the same legal effect as in made those locally that I am an officer or director of the corporation or the receiver or trustee empowered 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.

SIGNATURE: