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. ^PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 23, 1999 8:00 am Secretary of State 02-23-1999 90050 008 ***150.00

DOCHMENT#	P96000010816
DOCOMETY "	730000010010

Corporation	VIENT # P960000 E CAPITAL, INC.	010816					
Principal Place	e of Business	Mailing Address		i	• • • • • • • • • • • • • • • • • • • •		
3096 TAMIAMI T		3096 TAMIAMI TRL N		;			
SUITE 3	IRL N	SUITE 3					
NAPLES FL 341	03	NAPLES FL 34103		DC	NOT WRITE IN T	HIS SPACE	
US		US		Date Incorporated	or Qualifed		}
				02/02/1996			
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	,	App	plied For
21		26		65-0642912		Not	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		- 0 .:	Di	\$8.75 A	dditional
22		27		5. Certificate of Status	Desired	Fee Re	quired
City & State	е	City & State		6. Election Campaign	Financing	\$5.00	May Be
_	~	28		Trust Fund Contrib		Added to	
Zip	Country	Zip	Country	8. This corporation of		Intangible	
·		29 30	¬ '	Personal Property	· · · · · · · · · · · · · · · · · · ·		IDNo ·
24	25 9. Name and Address of Current		U	10. Name and Addres			
	5. Maine and Address of Current	r Registered Agent	81 Name 2	0			-
COR	PORATION SERVICE COMPANY		l Da	vid Dourge			
	HAYS STREET		82 Street Add	lress (P.O. Box Number is	Not Acceptable)	-01.	
	AHASSEE FL 32301-2525		1-012411	ne, brugger	G Bourg	eu u	
IALL	A 1A00EE 1 E 3230 1-2323		83 600	E: ETP AAne	z S. Sui	te 207	
			84 City .	· · · · · · · · · · · · · · · · · · ·		85 Zip C	Code
			1 Na1		F		4102
11. Pursuant office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607.1508, Florida Statutes of Florida. Such change was auth	, the above-named cor horized by the corporati	poration submits this stater ion's board of directors. I h	ment for the purpose ereby accept the ap	e of changing its pointment as reg	registered gistered
agent. I a	m familiar with, and accept the engligat	ions of, Section 607 0505, Florid	ia Statutes.		1-7	-90	·
agent. I a	Mattil	871				-99	·
SIGNATURE	Signature, typed or printed name of registered agent	t and title it applicable. (NOTE: R	egistered Agent signature requir	ed when reinstating)	DATE	- / /	
SIGNATURE	Signature, types or printed name of registered agent	t and title il applicable. (NOTE: Ri	egistered Agent signature requir		DATE	- / /	
SIGNATURE 12. TITLE	Signature, types or printed name of registered agen OFFICERS ANI	t and title it applicable. (NOTE: R	egistered Agent signature requir 13.	ed when reinstating)	DATE	AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, types or printed name of registered agen OFFICERS ANI D FERNSTROM, CARL M	t and title il applicable. (NOTE: Ri	egistered Agent signature requir 13. 1.1 TITLE 1.2 NAME	ed when reinstating)	DATE	AND DIRECTO	RS 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 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.

SIGNATURE: