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

**PROFIT CORPORATION** 



FLORIDA DEPARTMENT OF STATE

## May 13 1998 8:00am Secretary of State Sandra B. Mortham **ANNUAL REPORT** Secretary of State

NAME   VREDEVOORD, JON   12 NAME   1.3 STREET ADDRESS   CTY-ST-ZIP   CAPE CORAL FL 33914   1.4 CITY-ST-ZIP   TITLE   D	•	1998	DIVISION OF	CORPOR	ATIONS	Secretary (	or State
### Accreases   Making Accreases   Making Accreases   ### Accreases   ### Accreases   ### Accreases   ### Accreases   ### Access   ### Accreases   ### Accreas			* *	)			
### Accreases   Making Accreases   Making Accreases   ### Accreases   ### Accreases   ### Accreases   ### Accreases   ### Access   ### Accreases   ### Accreas							
THYPERS FL 33919  2. Principal Place of Business  2. Principal Place of Business  2. Principal Place of Business  3. Making Address  4. FER Number  65-6647339  Not Applicable  58. F. Additional  City & State  222  City & State  231  City & State  232  City & State  231  City & State  241  252  262  273  City & State  274  Country  275  Country  275  Country  275  Country  275  Country  277  Country  370	Principal Place	e of Business	Mailing Address				IB BINIF NABN BINIB FBIN 1881
FT WRER Ft. 39919 US  1. Principal Place of Business 2. A Making Address 2. Principal Place of Business 2. A Making Address 2. A Suite, Apt. #, etc. 2. City & State 2. Country 3. Suite Address of Current Registered Agent 4. Fill Number of Certificate of Status Desired 4. Fill Number of September of	8270 COLLEGI	E PKWY #101	8270 COLLEGE PKWY	#101			
### Supplied For Process of Business   2s, Mailing Address   4, FEI Number   Applied For Numb		99010				DO NOT WRITE IN THIS	SPACE
Applied For		. 33819					
Sulfe, Apt. #, etc   Sulfe, Apt. #, etc   Sulfe, Apt. #, etc.   Su							
Suite, Apt #, etc   27   27   27   City & State   28   7   7   Country   7   7   Country   7   7   7   7   7   7   7   7   7	<del></del> -	lace of Business					
City & State  Ci		# etc		<del></del>	<del></del> .		
City & State    28	_	, 000	<b>─</b> ─			6. Certificate of Status Desired	<b>7</b> - · · · · · · · · · · · · · · · · · ·
Zip		9				6. Election Campaign Financing	\$5.00 May Be
28   20   30   Personal Property Tax due June 30   Yes   No   No   Personal Property Tax due June 30   Yes   No   No   No   No   No   No   No   N							
Second College PKMY #101   State of Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 607-0502 and 607-1508. Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 607-0502 and 607-1508. Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 607-0502 and 607-1508. Florida Statutes, the above-named corporation submits this statement for the provisions of sections for 50505. Florida Statutes.    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 agent. I am familiar with, and accopt the obligations of, Section 607-0505, Florida Statutes.    12.	<del></del>	<b>⊢</b> ¬ ′	<u>├</u> ─┐ `	$\vdash$	untry		
VREDENOOGD, JON 8270 COLLEGE PKWY \$101 FT MYERS FL 33919  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 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 spent and accept the cutigations of Section 605 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered spent in familiar with, and accept the cutigations of Section 605 0505, Florida Statutes.  SIGNATURE  Signature typed or profiled home of registered spent and life if Applicable (NOTE Registered Agent spreadure required when rendating)  12. OF FICE RS. AND DIRECTORS 11.2  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. ST. 2P  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. Change Addition of Agent as a street Addition of Agent	24			[30]	Τ		
### Street Address (P.O. Box Number is Not Acceptable)  ### City	VRE		······································		81 Name		
### City   FL   85   Zip Code    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 agent. I am familiar with, and accept the obligations of, Section 807.0505, Florida Statutes.  ###################################					82 Street A	Address (P.O. Box Number is Not Acceptable)	
TILE D DELETE 22 NAME STREET ADDRESS CTTY- ST- ZIP TITLE DELETE 3.3 STREET ADDRESS CTTY- ST- ZIP TITLE DELETE 3.1 STREET ADDRESS CTTY- ST- ZIP TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE 3.1 STREET ADDRESS CTTY- ST- ZIP TITLE DELETE 4.1 TITLE DELETE 5.1 TITL							
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submite this statement for the purpose of changing its 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature typed or printed harme of registered agent and file if applicable (MOTE Registered Agent agenture required when reinstating) DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE D STREET ADDRESS (CITY-ST-2IP) DELETE 1.1 TITLE DAME 1.3 STREET ADDRESS (CITY-ST-2IP) DELETE 1.3 STREET ADDRESS (CITY-ST-2IP) DELETE 2.1 TITLE DELETE 2.2 MAME 2.2 MAME 2.2 MAME 2.2 MAME 2.3 STREET ADDRESS (CITY-ST-2IP) Change Addition MAME STREET ADDRESS (CITY-ST-2IP) DELETE 3.1 TITLE DELETE 3.2 MAME 3.2 MAME 3.2 MAME 3.2 MAME 3.3 STREET ADDRESS (CITY-ST-2IP) TITLE DELETE 3.3 MAME 3.3 STREET ADDRESS (CITY-ST-2IP) TITLE DELETE 3.3 MAME 3.3 STREET ADDRESS (CITY-ST-2IP) DELETE 3.3 MAME 3.3					83		
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. J but 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   Sig					84 City		85 Zip Code
Signature typed or printed name of regulatered again and life if applicable   NOTE Regulatered Agent againstrate required when reinstating)   DATE	11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508. Florida Stati	utes, the a	bove-named		
Signature typed or printed name of regulatered again and life if applicable   NOTE Regulatered Agent againstrate required when reinstating)   DATE	office or re agent. I ar	egistered agent, or both, in the Stat m familiar with, and accept the oblid	e of Florida, Such change was gations of, Section 607,0505. F	authorize	d by the corp	oration's board of directors. I hereby accept the ap-	pointment as registered
Signature typed or punied name of registered again and life if arphicable   (NOTE: Registered Agent signature required when reinstating)   DATE		, , , , , , , , , , , , , , , , , , , ,	<b>G</b>				
TITLE					d Agent signature	<del></del>	DIDEOTODO IN 40
NAME   VREDEVOOGD, JON   12 NAME   1.3 STREET ADDRESS   4329 SW 7 AVE   1.3 STREET ADDRESS   CLTY-ST-ZIP   CAPE CORAL FL 33914   1.4 CLTY-ST-ZIP     Change   Addition   Addit		<del></del>	· · · · · · · · · · · · · · · · · · ·	_	ITLE T	ADDITIONS/CHANGES TO OFFICERS AN	
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Thereby certify that the information supplied with this fling does not unally of the expension signature shall have the same legal effect as it made under oair, that indicated on this annual eport or supplemental annual report is Novand accurate and that my signature shall have the same legal effect as it made under oair, that is indicated on this annual eport of supplemental annual report is Novand accurate and that my signature shall have the same legal effect as it made under oair, that is indicated on this annual eport of supplemental annual report is not supplemental annua

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