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PROFIT **'CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600034847

1. Corporation Name

í	² rincipal	Place	of	Business

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90038 030 ***150.00

INCOL 9	ECUMIT SERVICES, INC.										
										14441144114	
											
Principal Place		Mailing Address									
24092 REDFISH		24092 REDFISH COVE DF									
PUNTA GORDA FL 33955 US PUNTA GORDA FL 33955 US						DO NOT WRITE IN THIS SPACE					
00						3. Date Incorporate					٦
						04/22/1996					
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			TTA	pplied For	┥.
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.				1				Additional	1:
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24	25	29	30			Personal Propert				X□No	╛
<u> </u>	9. Name and Address of Current I			1		10. Name and Addr	ess of New R	egistered	Agent	· ·	4
COLE	ENAM JAMES M			81 Na	ame						
	EMAN, JAMES M 2 REDFISH COVE DRIVE			82 St	reet Addres	ss (P.O. Box Number i	s Not Acceptai	ble)			1
	TA GORDA FL 32955				,		ggupa (traka saka ki da j			1.27 (2.15 (2)	
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11. Pursuant t	to the provisions of Sections 607.0502 a	and 607.1508, Florida Statu	ites, the a	above-nar	med corpor	ration submits this state	ement for the p	purpose of	changing its	registered	
office or re	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida, Such change was a	authorize	d by the	med corpor corporation	ration submits this stat n's board of directors. I	ement for the phereby accept	purpose of t the appoi	changing its ntment as re	registered egistered	
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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.