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

May 05, 1999 8:00 am Secretary of State

05-05-1999 90103 048 ***150.00

DOCUMENT # 1. Corporation Name	P96000047994

Principal Place		Mailing Address								
4460 NORTHGATE CT 4460 NORTHGATE CT SARASOTA FL 34234 SARASOTA FL 34234						DO NOT WR	ITE IN TH	IS SPACE		
						3.	Date Incorporated or Qualifed			
							06/03/1996			
2. Principal P	lace of Business	2a. Mailing Address				4.	FEI Number		App	olied For
21		26				J	65-0676044	_	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					Certifcate of Status Desired		\$8.75 A	
22		27					Certificate of Status Desired		Fee Re	quired
City & State	e	City & State			-	6.	Election Campaign Financing		\$5.00	•
23		28					Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Cou	ntry		8.	This corporation owes the cur	rent year l		
24	25	29	30	,			Personal Property Tax.			□No
	9. Name and Address of Curren	t Registered Agent		81	Name	10.	Name and Address of New	kegistere	a Agent	
STR	UBLE, DONALD W			"	Manie			_		
	NORTHGATE CT			82	Street Ad	ddress (P	O. Box Number is Not Accept	able)		
	ASOTA FL 34234			83						
יותכ	A00 A E 0+20+			83						
				84	City				, 85 Zip C	ode
								F		
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligation	of Florida. Such change was a	uthonzed	i by i	the corpora	ation's bo	pard of directors. I hereby acce	pt the app	ointment as reg	gistered
SIGNATURE	Signature, typed or printed name of registered agen	t and life if spolicable. (NOTE	: Registered	Agent	t signature requ	uired when r	einstating)	DATE		
12.		D DIRECTORS	13.		·		ADDITIONS/CHANGES TO OF	FICERS	AND DIRECTO	RS IN 12
TITLE	DP	☐ DELETE	1.1 TI	ILE	$\neg \neg$			-	Change	Addition
NAME !	STRUBLE, DONALD W		1.2 N	ME						
STREET ADDRESS	1910 ROLLING GREEN CIR		1.3 51	REET	ADDRESS					
CITY-ST-ZIP	SARASOTA FL 34240		1.4 CI	TY-ST	r-zip					
TITLE	DS	☐ DELETE	2.1 11						☐ Change	Addition
NAME	STRUBLE, PAULA A		2.2 N	AME						
STREET ADDRESS	1910 ROLLING GREEN CIR		2.3 51	REET	ADDRESS				-	-
CITY-ST-ZIP	SARASOTA FL 34240		2. 4 C	ITY-S	T-ZIP					
TITLE	DT	☐ DELETE		.1 TITLE					☐ Change	Addition
NAME	FLETCHER, GERALD E		3.2 N	WE	1					
STREET ADDRESS	5215 BUCKEYE RD		3.3 81	REET	ADDRESS					
CITY-ST-ZIP	PALMETTO FL 34221		3.4. C	ITY-S	T-ZIP					
TITLE		☐ DELETE	4.1 77			 '			☐ Change	☐ Addition
NAME.			4. 2 N	AME						
STREET ADDRESS			4.3 ST	REET	ADDRESS					
Crty-ST-ZIP			4.4 CI	TY-Sî	r-ziie					
TTT F		□ DELETE	51 TI						☐ Change	Addition

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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

□ DELETE

DELETE

SIGNATURE:

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

941-365-8115

Change

Addition