Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT

1999

826 ELKCAM CR MARCO IS FL 34145



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000060172

JESSE GEN					
Principal Place of Business		Mailing Address			
826 ELKHAM MARCO ISLAND FL 34145 US		PO BOX 205 MARGO IS FL 34146 US			DO NOT WRITE II
		3. Date Incorpo 07/17/199		3. Date Incorporated or Qualifed 07/17/1996	
2. Principal Place	of Business	2a. Mailing Add	Iress		4. FEI Number
21		26			65-0694755
Suite, Apt. #, et	tc.	Suite, Apt.	#, etc.		5. Certifcate of Status Desired
City & State			City & State		6. Election Campaign Financing Trust Fund Contribution
Zip 24	Country 25	Zip	C	ountry	8. This corporation owes the current y Personal Property Tax.
	9. Name and Address of Current Registered Agent				10. Name and Address of New Regis
MATTHE	W, CARD	<u> </u>		81	MATTHEWS, CAI

FILED Jun 16, 1999 8:00 am Secretary of State

06-16-1999 90015 016 ***550.00



DO NOT WRITE IN THIS SPACE

CAROL

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

	e above- zed by that statutes.	-named corporation he corporation's be	on submits this statement for the purpose of coard of directors. I hereby accept the appo	changing	p Code its registered registered
office or registered agent, or both, in the State of Florida. Such change was authoric agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida S SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered)	zed by thatutes.	the corporation's b	on submits this statement for the purpose of loard of directors. I hereby accept the appo	changing intment as	its registered registered
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register		signature required when			
		signature required when			
	13.		reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ID DIDEC	TODE IN 12
	4 TIM C		ADDITIONS/CHANGES TO OFFICERS A	Chang	
··-	1 TITLE				× /= 1.000
minimum minimu	2 NAME	1			
STREET ADDRESS 826 ELKCAM CR 1.	.3 STREET A	ADDRESS		2/	145
	4 CITY-ST	(ZIP)			414 <u>2</u>
TITLE DELETE 2.	.1 TITLE	•		Chang	e 🗌 Additi
NAME 2	2 NAME	l			
STREET ADDRESS 2.	.3 STREET A	ADDRESS			
	. 4 CITY-ST	r-zip			
TITLE DELETE 3.	.1 TITLE			☐ Chang	e 🗌 Additi
NAME 3.	.2 NAME	Į			
STREET ADDRESS 3.	.3 STREET A	ADDRESS			
	.4. CITY-ST-	r-ZIP			
TITLE DELETE 4.	.1 TITLE			Chang	e
NAME 4.	. 2 NAME				
STREET ADDRESS 4.	.3 STREET A	ADDRESS			
5 5, En	.4 CITY-ST-	-ZIP			
TITLE DELETE 5.	.1 TITLE			Chang	je 📋 Additi
NAME 5.	.2 NAME	ĺ			
STREET ADDRESS 5.	.3 STREET A	ADDRESS			
City-st-zip	.4 CITY-ST-	-ZIP			
TITLE DELETE 6.	.1 TITLE			Chang	e 🔲 Additi
NAME . 6.	2 NAME	[
STREET ADDRESS .6.	.3 STREET A	ADDRESS			
CITY-ST-ZIP 6. 14. I hereby certify that the information supplied with this filing does not qualify for the 6	.4 CITY-ST-		<u> </u>		

83

officer or director of the corporation or the receiver or tristee 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: