Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90037 025 ***150.00

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

DOCUMENT # P9600060952

FIDDLES	STICK FINANCE & PROPER	FIES INC.							
·									
Principal Place of Business Mailing Address					j				
1858 RINGLING BLVD. 1858 RINGLING BLVD. SARASOTA FL 34236 SARASOTA FL 34236					ļ				
SARASOTA FL 34236 US SARASOTA FL 34236 US					1	DO NOT WRI	TE IN THIS S	SPACE	
03		00			-	3. Date Incorporated or Qualifed			
						07/22/1996			ì
2 Principal P	lace of Business	2a, Mailing Address				4. FEI Number		Apr	plied For
21 26					1	65-0685364		 	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.								\$8.75 A	dditional
27						5. Certifcate of Status Desired	مستعدد سن الا	Fee Re	quired
City & State City & State				2	,	6. Election Campaign Financing		\$5.00	May Be
23 28						Trust Fund Contribution		Added to	
Zip	Country	Zip	Country			8. This corporation owes the curr	ent year Inta	ngible	
24	25	29 3	0			Personal Property Tax.	•	Yes	□No
=-1	9. Name and Address of Curren		· .		•	10. Name and Address of New F	Registered A	gent	-
			81	Name					
GLENDINNING, RENEA M				Street	Δddraee	(P.O. Box Number is Not Accepta	able)		
1858 RINGLING BLVD.			82	Sueet	Addiess	(F.O. Box (Adminer is Not Nocepa	2010)		
SARASOTA FL 34236			83						
								Tarl 7in C	odo
			84	City			FL	85 Zip C	ode
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, 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Signature, typed or printed name of registered ager	ANOTE: P	enistered Anel	t synnature r	required wh	en reinstating)	DATE		
12.		ID DIRECTORS	13.	it signatura i	1040,000	ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE					Change	☐ Addition
NAME	SCHEER, WOLFGANG		1.2 NAME						
STREET ADDRESS		The state of the s		ADDRESS					}
	THE THE PART OF TH		1.4 CITY-S				-		ì
CITY-ST-ZIP TITLE			2.1 TITLE	1-24	 			Change	Addition
	SCHEER, KARIN	_ ::	2.2 NAME						- {
NAME	2054 OYSTER CREEK DR		2.3 STREE	ADDESS					}
STREET ADDRESS	ENGLEWOOD FL 34224				' <u>\</u>				ł
CITY-ST-ZIP	P-3		2. 4 CITY-5		┼┈~		 	Change	Addition
TITI F			3.2 NAME	٠٠٠ ويسيد ٠٠٠			ROW SAL		
NAME			•	TADORESS	.				}
STREET ADDRESS			3.4. CFTY-5						Ì
CITY-ST-ZIP		□ DELETE	4.1 TITLE	11-21	1			Change	Addition
			4. 2 NAME		}				
NAME				ADDRESS					
STREET ADDRESS					'				
CITY-ST-ZIP			4.4 CITY-S 5.1 TITLE	1-ZIP				Change	☐ Addition
TITLE		□ OCEGIE	5.1 IIILE 5.2 NAME			. •			
NAME	}			T ADDRESS			,		
STREET ADDRESS					<u>'</u>				.
CITY-ST-ZIP		DELETE	5.4 CITY-S 6.1 TITLE	1-416				Change	Addition
TITLE		☐ NETELE	6.2 NAME)****	• •'		
NAME				T ADDDESS					ł
STREET ADDRESS	l		0.3 3 1 KEE	TADDRESS	'				

CITY-ST-ZIP 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 attaction at 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 attaction at the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of 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 attaction of the receiver of the corporation of the receiver of t

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS