Applied For

Not Applicable \$8.75 Additional

Fee Required:

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 # P96000065763

1. Corporation Name

Principal Place of Business	Mailing Address
127 PALM RIVER BLVD. NAPLES FL	127 PALM RIVER BLVD. NAPLES FL
2. Principal Place of Business	2a. Mailing Address
	26
- 1	
Suite, Apt. #, etc.	26
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. 27 City & State
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90135 039 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

08/07/1996 4. FEI Number

65-0679456

5. Certificate of Status Desired

City & Star	te	28	ate			6. Election Campaign Financing Trust Fund Contribution	Added to	•
23) Zip	Country	Zip		Country	,	8. This corporation owes the current ye		,, 000
	25	29	30			Personal Property Tax.		∐No
24	9. Name and Address of Curre					10. Name and Address of New Regist	ered Agent	
	J. Hame and Hadroov S. Salina			81	Name			_
SOT	ro, nancy			-00	Ole - A A data	(C.C. Day Number in Net Assessable)		
127 PALM RIVER BLVD.				Street Address (P.O. Box Number is Not Acceptable)				
NAP	PLES FL			83		+ 34 CT (35 C	i er in in	7. E. P. Y.
						* ****	on the state of the section	7 (1) (1) 11 (1) (2)
				84	City	Sport at Destrict	FL 85 "Zip C	ode
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, F	lorida Statutes, t	he above	e-named corpo	pration submits this statement for the purpo	se of changing its	registered
office or i	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such ch	nange was autho	rized by	the corporatio	n's board of directors. I hereby accept the	appointment as reg	jistered
-		jations of, occitor of	01.0303, 1 londa	Cualdica	•			
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable.	(NOTE: Regi	stered Ager	nt signature required	I when reinstating) DA	TE	
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	DPVS		DELETE	1.1 TITLE			☐ Change	☐ Additio
NAME	SOTO, NANCY			1.2 NAME		· ·		
STREET ADDRESS	127 PALM RIVER BLVD.			1.3 STREE	T ADDRESS			
CITY-ST-ZIP	NAPLES FL		_	1.4 CITY-S	T-ZIP		··-	
TITLE	T		DELETE	2.1 TITLE			Change	☐ Additio
NAME	SOTO, NANCY			2.2 NAME				
STREET ADDRESS	127 PALM RIVER BLVD.	•		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	NAPLES FL			2. 4 CITY- 9	ST-ZIP			
TITLE		E) DELETE	3.1 TITLE			Change	Addition Addition
NAME			l	3.2 NAME				
STREET ADDRESS				3.3 STREE	TADDRESS			
CITY-ST-ZIP				3.4. CITY-5	ST-ZIP			
TITLE] DELETÉ	4.1 TITLE			Change	Addition Addition
NAME+ .				4. 2 NAME				
STREET ADDRESS	6			4.3 STREE	TADDRESS			
CITY-ST-ZIP				4.4 CITY-S	T-ZIP			
TITLE		L		5.1 TITLE		•	☐ Change	☐ Additio
NAME				5.2 NAME				
STREET ADDRESS	3				T ADDRESS			
CITY-ST-ZIP				5.4 CITY-S	T-ZIP			
TITLE			J DECETE	6.1 TITLE			☐ Change	Additio
NAME				6.2 NAME				
STREET ADDRESS	3		1		TADORESS			
CITY-ST-ZIP				6.4 CITY-S		ection 119.07(3)(i), Florida Statutes. I furth		<u> </u>

SIGNATURE: