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 # P96000073088

1. Corporation Name

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Principal Place of Business	Mailing Address	
312 SE 32ND STREET CAPE CORAL FL 33904	1312 SE 32ND STREET CAPE CORAL FL 33904	

26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State

28 Country Country Zip Zip

30 29 25

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90005 029 ***150.00



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Yes

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

Personal Property Tax.

08/29/1996

4. FEI Number 65-0695079

Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
ROSEBERRY, DANA S			Name	e
			Stree	et Address (P.O. Box Number is Not Acceptable)
1312 SE 32ND STREET				# 1 4 54 5 2 2 1 4 4 7 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1
CAPI	E CORAL FL 33904	83		
		84	City	FL 85 Zip Code
	:			· · · · · · · · · · · · · · · · · · ·
office or re	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, th egistered agent, or both, in the State of Florida. Such change was author in familiar with, and accept the obligations of, Section 607.0505, Florida S	izeu by		ed corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regist	tered Agen	t signatur	re required when reinstating) DATE
12.	Olgridate, types of printed tests	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
		1.1 TITLE		Change Addition
TITLE	F	1.2 NAME		
NAME	DAMA O. HOOLDEINH			.
STREET ADDRESS	1012 011 0210 01.	1.3 STREET ADDRES		³⁸
CITY-ST-ZIP	CALL COLLECT	.4 CITY-S	-ZIP	Change Addition
TITLE		2.1 TITLE		
NAME	2	2.2 NAME		
STREET ADDRESS		2.3 STREET	ADDRES	SS .
CiTY-ST-ZIP		2. 4 CITY - S	T-ZIP	☐ Change ☐ Addition
TITLE	☐ DELETE 3	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET	ADDRES	1 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
CITY-ST-ZIP		3.4. CITY-S	T-ZIP	्रा क्या किया किया है। अपने क्या की
TITLE	☐ DELETE 4	4.1 TITLE		た
NAME		4. 2 NAME		•
STREET ADDRESS		4.3 STREET	ADDRES	ss
CITY-ST-ZIP	•	4.4 CITY-S	T-ZIP	
TITLE	DELETE !	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADD		ss
		5.4 CITY-S	T-ZIP	
CITY-ST-ZIP TITLE	□ DELETE	6.1 TITLE		☐ Change ☐ Addition
		6.2 NAME		
NAME		6.3 STREE	T ADDRES	ss
STREET ADDRESS		6.4 CITY-S		
CITY-ST-ZIP				ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information
 14. I hereby (certify that the information supplied with this liting does not qualify for the	evenibr	1011 3td	and the control to the come legal effect as if made under oath; that I am an

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 ar 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 charges, or on an attachment with an address, with all other like empowered.

941-542-8123