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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # POGOGOGOZGAZO

1. Corporation A.S. INC		)O1 O <del>1</del>	70					
Principal Place	e of Business	Mailing	Address			A INDIINA ISA MISIN AKIN PANIN AKIN ABIN BI		
1020 ILLINOIS DR 1020 ILLINOIS DR NAPLES FL 34103 US US					DO NOT WRITE IN TI	IIS SPACE		
		•				<ol> <li>Date Incorporated or Qualifed</li> <li>09/13/1996</li> </ol>		
2. Principal Pl	lace of Business	2a. Mail	ling Address			4. FEI Number	A	pplied For
21		26				59-3401862		ot Applicable
Suite, Apt.	#, etc.	Suite	e, Apt. #, etc.			5. Certificate of Status Desired	• • •	Additional
22	<del></del>	27	<u> </u>					equired
City & State	e	City	& State			6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Г	Country	y	8. This corporation owes the current year	Intangible XYes	□No
24	25	29	3	10		Personal Property Tax.  10. Name and Address of New Register		
,	9. Name and Address of Curre	int Registered	I Agent	81	Name	to, traine and Address of New Register	ou rigeri	
SINE	DLEDECKER, ARNOLD			"				
1	F-17TH-AVENUE SW			82	Street A	Address (P.O. Box Number is Not Acceptable)		
NAPLES FL 34117				83		Illinois Drive		
1474	22012 04111			65	7			(
				84	City	la ta-	85 Zip	Code
					<u> </u>	laples		+103
11. Pursuant	to the provisions of Sections 607.05	02 and 607.15	508, Florida Statutes	s, the above	/e-named o	corporation submits this statement for the purpose ration's board of directors. I hereby accept the an	of changing its pointment as r	s registered egistered
11. Pursuant office or reagent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familian with, and accept the oblig	02 and 607.15 of Plonda St ations of, 6ect	508, Florida Statutes Joh change was aut tion 607.0505, Florid	s, the above horized by da Statute	/e-named of y the corpo	corporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	of changing its pointment as r	egistered egistered
l		$>\!\!<\!\!>\!\!<\!\!>$	2 / A	iRNOL	D 214	corporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	2-(2-C	egistered
SIGNATURE	Signature, typed a printed name of regulared ag	ent and title vapplic	cable. (NOTE: R	Registered Age	D 214	DATE QUIRED (DATE DATE DATE DATE DATE DATE DATE DATE	2-1 2-	<u> </u>
SIGNATURE	Signature, types or pfinted name of registered ag	$>\!\!<\!\!>\!\!<\!\!>$	cable. (NOTE: R	Registered Age	D 214	idle decker	AND DIRECT	ORS IN 12
SIGNATURE  12. TITLE	Signature, types or printed name of registrated ag OFFICERS A	ent and title vapplic	cable. (NOTE: R	Registered Age 13. 1.1 TITLE	D S (N ent signature re	DATE QUIRED (DATE DATE DATE DATE DATE DATE DATE DATE	2-1 2-	<u> </u>
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typad - printed name of regimetred ag OFFICERS A PVST SINDLEDECKER, ARNOLD -5016 17TH AVENUE SW	ent and title vapplic	cable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signature re	DATE QUIRED (DATE DATE DATE DATE DATE DATE DATE DATE	AND DIRECT	ORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of respectived ag OFFICERS A PVST SINDLEDECKER, ARNOLD	ent and title vapplic	RS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1	ent signature re	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT Change	ORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typad - printed name of regimetred ag OFFICERS A PVST SINDLEDECKER, ARNOLD -5016 17TH AVENUE SW	ent and title vapplic	cable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE	D S N ent signature re	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
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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 suppliemental 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 of 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 any sources, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS