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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTIZENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT#

P94000082419

Jun 04, 1999 8:00 am Secretary of State

06-04-1999 90009 018 ***550.00

1. Corporation	n Name	1	-	•				
Mallie Montgomeny, Inc					- 569414 - 90009 - 18			
1, 1,001							_	
Principal Place of Business Mailing Address								
13251 MCGVegor Blvd						DO NOT WRITE IN THIS SPACE		
TH MNGAK TO 22010						3. Date Incorporated or Qualifed		
17. 110, 10, 10, 10, 11, 1					OC+ 96			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	<u> </u>	plied For
26						(05 -00 18 1CE-)		t Applicable
Suite, Apt. #, etc.						5. Certifcate of Status Desired	\$8.75 A	
2 27 City & State City & State						6. Etection Campaign Financing	\$5.00	·
¬ '	28					Trust Fund Contribution	Added t	- 1
3 Zip	Country Zip C			ry		8. This corporation owes the current year	Intangible	
4	25 29 30			Personal Property Tax.			□No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Register	ed Agent	
			8	1 Name				
			8	2 Street	Addres	ss (P.O. Box Number is Not Acceptable)		
			8	2				
			°	٦				
			8	4 City			85 Zip (Code
44 Diversions	to the provisions of Sections 507 0502	and 607 1509 Florida Statut	es the abo	ve-named	cornor			registered
office or r	egistered agent, or both, in the State of	Florida, Such change/was a	uthorized b	y the corp	oration	ation submits this statement for the purpose 's board of directors. I hereby accept the ap	pointment as re	gistered
	m familiar with, and accept the obligation	ons of, Section 607.0305, Fib.	nda Statute	₹S.		611.	7199	
SIGNATURE-	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Ag	ent signature r	required v	when reinstating)	' - - 	
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
TITLE	Yes. DELETE		1,1 TITLE	1.1 TITLE			Change	☐ Addition
NAME	Heather L. Holland #201		1.2 NAME	1.2 NAME				
STREET ADDRESS	DORESS gloj Rayberny Bend For		1.3 STREET ADDRESS					
CITY-ST-ZIP	FOrt Myers, FL 33919			1.4 CITY-ST-ZIP			Change	Addition
TITLE	DELETE			2.1 TITLE			☐ Citalige	Addition
NAME				2.2 NAME				
STREET ADDRESS			1	2.3 STREET ADDRESS				
CITY-ST-ZIP	DELETE			2. 4 CITY-ST-ZIP 3.1 TITLE			Change	Addition
TITLE NAME			D.	3.2 NAME				
STREET ADDRESS		•		ET ADDRESS				
CITY-ST-ZIP			3.4. CITY					
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition
NAME			4. 2 NAM	E				
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAM					
STREET ADDRESS				ETADDRESS				
CITY-ST-ZIP				-ST-ZIP	ļ		Change	Addition
TITLE				6.1 TITLE 6.2 NAME				
NAME			1	ET ADDRESS				
STREET ADDRESS			6.4 CITY					
CITY-ST-ZIP	Legistry that the information supplied with	this filing does not qualify for	the evern	ntion state	d in Se	ction 119.07(3)(i), Florida Statutes. I further	certify that the in	nformation
indicated	on this annual report or supplemental a director of the corporation or the receiv or Block 13 if changed, or on an attach	innual report is true and accu er or trustee empowered to e	rate and th xecute this	iat my sign report as	nature s require	shall have the same legal effect as if made under the same legal effect as if made under the depth of the same that the same tha	nder oath; that t my name appe	l am an ears in

SIGNATURE: