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

**PROFIT** CORPORATION ANNUAL REPORT

1999



Z FLORIDA DEPARTMENT CO STATE Katnernie Harris

Secretary of State

**DIVISION OF CORPORATIONS** 

## FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90009 029 \*\*\*150.00

## DOCUMENT # P96000098801

1. Corporation Name

COCCATEAL LICA INC

ESSENI	TIAL USA, INC.							
Principal Plac	ce of Business	Mailing Address		<del></del>	-{	TEN TRINC COSEL COLLE	10101 2101 1001	
		5121 CASTELLO DRIVE						
5121 CASTELLO DRIVE   5121 CASTELLO DRIVE   SUITE 2   SUITE 2								
NAPLES FL 34103 NAPLES FL 34103					DO NOT WRITE IN TH	IIS SPACE		1
					3. Date Incorporated or Qualifed			
Ţ					12/06/1996			1
2. Principal F	Place of Business	2a. Mailing Address		_	4. FEI Number	<del></del>	plied For	1
21		26		<del>,</del>	65-0712362	<del></del>	t Applicable	-
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A		
22		27	<u> </u>			Fee Re	<del>`</del>	}
City & Stat	te .	City & State			6. Election Campaign Financing	\$5.00		
23		28		.,	Trust Fund Contribution	Added to	) Fees	
Zip	Country	Zip	Cou	intry	8. This corporation owes the current year			1
24	25	29	30	<del></del> _	Personal Property Tax.  10. Name and Address of New Registere		140	ł
	9. Name and Address of Curren	t Registered Agent		81 Name	to. Maine and Address of New Negistere	a Agent		t
WHI	TE, JOHN P			}				
5121 CASTELLO DRIVE SUITE 2				82 Street Addre	ess (P.O. Box Number is Not Acceptable)			l
				83		<del></del>		
	PLES FL 34103	,		03				
§	220 1 2 04100	,		84 City	F	85 Zip C	ode	
	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the al	bove-named corpo	oration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing its	registered	1
office or r	registered agent, or both, in the State of any familiar with, and accept the obligation	of Florida. Such change was a	uthorized	by the corporation	n's board of directors. I hereby accept the app	iointment as reg	istered	ļ
1	/ X A	tions of, Section Cor. 5555, Fib.	ilda Olak	a.co.	3-18:99			1
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	Registered	Agent signature required	when reinstating) DATE			۱ ا
12.	OFFICERS AN	D DIRECTORS	13.	,	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO		1
TITLE		☐ DELETE	1.1 TO	n.e.		Change	Addition	] :
NAME	WHITE, JOHN P		1.2 NA	WE				;
STREET ADDRESS	5121 CASTELLO DRIVE, SUITE	2	1.3 ST	REET ADDRESS				ľ
CITY-ST-ZIP	NAPLES FL 34103		1.4 CI	TY-ST-ZIP				Į
TITLE	D	☐ DELETE	2.1 TI	TLE		☐ Change	Addition	( '
NAME	WHITE, RANSEY P		2.2 NA	WE .				
STREET ADDRESS	THE RESERVE DOUBLE CHIEF	0	00.07	i				
CITY-ST-ZIP	NAPLES FL 34103	2	2.3 51	REET ADDRESS				1
TITLE			1	TREET ADDRESS		<del></del>		
NAME		☐ DELETE	1	ITY-ST-ZIP		☐ Change	Addition	
(ADM)			2. 4 CI	ITY-ST-ZIP		☐ Change	Addition	-
STREET ADDRESS			2. 4 CI 3.1 Th	ITY-ST-ZIP		Change	Addition	-
		☐ DELETE	2.4 CI 3.1 TIT 3.2 NA 3.3 ST	ITY-ST-ZIP				)   
STREET ADDRESS			2.4 CI 3.1 TIT 3.2 NA 3.3 ST	ITY-ST-ZIP  TLE  TREET ADDRESS  ITY-ST-ZIP		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4. CI	ITY-ST-ZIP  ILE  IME  ITY-ST-ZIP  ILE				
STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2. 4 Cr 3.1 Tr 3.2 Na 3.3 ST 3.4 Cr 4.1 Tr 4. 2 No	ITY-ST-ZIP  ILE  IME  ITY-ST-ZIP  ILE				
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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 convolution 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 attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: