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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000099364

1. Corporation Name

Principal Place		Mailing Address								
SARASOTA FL 34236 SARASOTA FL 34236						DO NOT WRITE I	NI TUIC (edace		
US		US				3. Date Incorporated or Qualifed	N INIS			
						12/09/1996				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Арр	lied For
21 26						65-0711678				Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.			5. Certifcate of Status Desired)	*	/5 Ad e Req	iditional
City & State		City & State	City & State			6 Floation Compaign Financing				May Be
23	e	28				6. Election Campaign Financing Trust Fund Contribution]			Fees
Zip	Country	Zip	Count	ry		8. This corporation owes the current	year Inta	ngible		
24	25	29	30			Personal Property Tax.		Yes	[]No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Regi	stered A	gent		
RAD	ROWS, JACK		8	31	Name					
5209 FAR OAK CIRCLE			8	12	Street Addre	ess (P.O. Box Number is Not Acceptable)	i			
SARASOTA FL 34238			9	13						
			Ľ	<u>"</u> _						
			8	14	City		FL	85 2	Zip Co	ode .
-Hica or -	egistered agent, or both, in the Stat rn familiar with, and accept the oblig Signature, typed or printed name of registered as	e of Florida. Such change was au ations of, Section 607.0505, Flori ent and title if applicable (NOTE: I	thorized b da Statute	oy th es.	ie corporation		e appoin	imeni a	is reg	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND			RS IN 12
TITLE	C C	DELETE	1.1 TITLE					Char	ige	iii Adoldon
NAME	BARROWS, JACK 602 SARASOTA QUAY		1.2 NAM 1.3 STRE		Donnee					
STREET ADDRESS	SARASOTA FL		1			-				
CITY-ST-ZIP TITLE	P	□ DELETE	1.4 CITY 2.1 TITLE		ZIP			☐ Char	nge	Addition
NAME	ENGLAND, J H	3 •	2.2 NAM					_	•	
STREET ADDRESS	3283 ALEX FINDLAY PL		2.3 STRE		DORESS					I
CITY-ST-ZIP	SARASOTOA FL 34240		2. 4 CITY		1					
TITLE	EVP	☐ DELETE	3.1 TITLE					Char	nge	Addition
NAME	HARRIS, W R		3.2 NAM	E						
STREET ADDRESS	1720 ANCHORQAGE ST		3.3 STRE	EET A	DORESS					
CITY-ST-ZIP	SARASOTA FL 34231		3.4. CITY	(-ST-	ZIP					
TITLE		☐ DELETE	4.1 TITLE	Ē				Char	nge .	☐ Addition
NAME			4. 2 NAM	Æ	Ì					
STREET ADDRESS			4.3 STRE	EET A	DDRESS		•	•		
CITY-ST-ZIP			4.4 CITY		ZIP					T BASS-
TITLE		☐ DELETE	5.1 TITLE		1			Cha	nge	Addition
NAME			5.2 NAMI		DDDEEC	` .				
STREET ADDRESS			5.3 STRE							
CITY-ST-ZIP		□ DELETE	5.4 CITY 6.1 TITLE		CIP			☐ Char	nge	Addition
TITLE			6.2 NAMI					_ 54		
NAME					DORESS					
STREET ADDRESS	l									

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

64 CITY-ST-ZIP

SIGNATURE:

TACK O ARROWS AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR