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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 06, 1999 8:00 am Secretary of State 04-06-1999 90010 005 ***150.00

ANNUA AND	-\ 1 14011001 118 10110 01111 88111 00111 80111 F0110 10110 80180 11150 1011(1011 1001
Principal Place of Business Mailing Address	
97 SOUTH WASHINGTON DRIVE 97 SOUTH WASHINGTON DRIVE SARASOTA FL 34236 SARASOTA FL 34236	
	DO NOT WRITE IN THIS SPACE
	3. Date Incorporated or Qualifed 12/01/1996
2. Principal Place of Busigess 2a. Mailing Address	4. FEI Number Applied For
21 1272 N. Palm Are 26 1272 N. Palm Arc	65-0717204 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.	5. Certificate of Status Desired \$8.75 Additional
27	5. Certificate of Status Desired Fee Required
City & State City & State	6. Election Campaign Financing \$5.00 May Be
23 Sarasota, Fl. 28 Sarasota M.	Trust Fund Contribution Added to Fees
Zip Country Zip Country	8. This corporation owes the current year Intangible
24 34736 25 29 SYDST 30	Personal Property Tax. Yes No
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STJERNEVALL, JANICE K	
97 SOUTH WASHINGTON DRIVE 82 Street Addre	ess (P.O. Box Number is Not Acceptable)
CARACOTA EL 04000	
SARASUTA FL 34236	
84 City	85 Zip Code
	FL 13 25 300
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpo	pration submits this statement for the purpose of changing its registered
office or resistand agent or both in the State of Elegida. Such change was authorized by the corneration	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	ni a posito di directora, i nereby accept the appointment as registered
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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 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.

SIGNATURE:

3-3/. 99 941. 953. 4418

Date Daytime Phone #