

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000101304**

1. Corporation Name

MAKES CENTS OF S.W. FLA., INC.

Principal Place of Business

**1719 DEWL PRADO BLVD
ESTERO FL 33990
US**

Mailing Address

**1719 DEL PRADO BLVD
APE CORAL FL 33990
US**

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90003 044 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1997

4. FEI Number

65-0730973

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 1719 DEL PRADO BLVD.

Suite, Apt. #, etc.

22 Cape Coral, FL

City & State

24 33990

Country

25 US

2a. Mailing Address

26 1719 DEL PRADO BLVD

Suite, Apt. #, etc.

27 Cape Coral, FL

City & State

28 33990

Country

30 US

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSD** ☒ DELETE

NAME **TRUCKS, MOLLY**
STREET ADDRESS **801 BRANTLEY RD, 1408**
CITY-ST-ZIP **FT MYERS FL 33907**

TITLE **VTD** ☒ DELETE

NAME **TRUCKS, JAY**
STREET ADDRESS **781 EASTWOOD DR**
CITY-ST-ZIP **CLARE MI 48617**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PSD** ☒ Change ☐ Addition

1.2 NAME **Trucks, Molly**
1.3 STREET ADDRESS **2222 SE 6th Ave**
1.4 CITY-ST-ZIP **Cape Coral FL 33990**

2.1 TITLE **VTD** ☒ Change ☐ Addition

2.2 NAME **Trucks, Jay**
2.3 STREET ADDRESS **300 N Russell St #22**
2.4 CITY-ST-ZIP **Mt. Pleasant MI 48858**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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 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.

CR2E034 (5/99)

p96000101304
593338-90003-44

We are paying the
original \$150.00 Due to
Never receiving 1st
Notice.

Principal & Mailing Address
On form are wrong &
incomplete.