1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # pozooooogo

**FILED** Sep 02, 1999 8:00 am Secretary of State 09-02-1999 90004 011 \*\*\*550.00

1. Corporation	n Name	F31000		1000			1	/			
INT'L PE-DO SERVICE OF LEE COUNTY, INC.											
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]							- 1				
Principal Place	e of Business		Ma	iling Address		,			IS MANCH MASHE MANCH	Matti Matta Attat	iliti fiku istai
2301 DEL PRAD	O BLVD SUITE 1	00	ADO	F-KOLPIN ST	R. 2	•					
CAPE CORAL FL 33990 DIRMSTEIN GERMANY 67246							[	DO NOT	VRITE IN THI	C CDACE	
							F	Do NOT \     Date Incorporated or Quality		3 SFACE	
							- {	01/03/1997			
2. Principal Pl	lace of Business			Mailing Addr	ess .		+	4. FEI Number		Ap	plied For
21 1505	SE LOH	8 <del>(r</del> .	26	1505	SE L	eoth Str.	]	65-0716891		<del></del> -	t Applicable
Suite, Apt.	#, etc.	<u> </u>	-	Suite, Apt. #						\$8.75	Additional
22 Su	ita C		27	Suit	و رو			5. Certificate of Status Desire	d 🗆	Fee Re	equired
City & State	• <u>\</u> _\_			Cily & State	1	0 01		6. Election Campaign Financ	ing 🗀	\$5.00	May Be
23 Cape	Coral	<u> </u>	28	Cape	Cora	<u> </u>		Trust Fund Contribution		Added	to Fees
Zip 33°	hau 🗂	Country		<sup>Zip</sup> 3390	4 -	Country	}	8. This corporation owes the	current year It		
24 >5	25	USA	29		3	0 N317		Personal Property Tax.  10. Name and Address of No.	Pogletoro	Yes	□No
ļ	9. Name and	Address of Currer	it Kegist	erea Agent		81 Name	<u> </u>	IV. Name and Aduless of Me	M Keğisteret	Agent	
AMEI	RILAWYER CHA	RTERED					<u> Jak</u>	sert Lala	<u>  000</u>		
	ALMERIA AVEN					82 Street	Addless	(PCO. Bex Rumber is 10t A Co	eptable)		ļ
	AL GABLES FL					83	<u>, , , , , , , , , , , , , , , , , , , </u>	7	1100		
						>	·wt	<u>و ن</u>			
}						84 City	000	Coral	FI	85 Zip	904
11. Pursuant	to the provisions	of Sections 607/050	2 and 60	7.1508, Flori	da Statutes	, the above-named of	colpora	tion submits this statement for board of directors. I hereby a			registered
office or re	egistered egent, c	r both, in the State	of blorida	<ul> <li>a. Such chan</li> </ul>	ge was auti	norized by the corpo	oration's	board of directors. I hereby a	ccept the appo	ointment as re	gistered
			itians of .	Section 607 i	0505 Florid	a Statutes					1
	alas		itions of,		1 1	1 1/			3-28	-99	
SIGNATURE	Signature, typed or print	1 Jak	<u> </u>	Kal	oert 1	a Statutes La Rocco egistered Agent signature re		en reinstating)	2-AY	- 71	<del>1984</del>
SIGNATURE	Signature, typed or print	1 Jak	nt and title if	applicable.	(NOTE:R	egistered Agent signature re			2-AY	ND DIRECTO	DRS IN 12
SIGNATURE  12. TITLE	Signature, typed or print	ted name of registered ages OFFICERS AN	nt and title if	applicable.	oert 1	egistered Agent signature re 13. 1.1 TITLE		en reinstating)	2-AY	- 71	<del>1984</del>
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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: