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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90009 020 \*\*\*150.00

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1. Corporation Name

WARE-MANN, INC

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Principal Place of Business Mailing Address									111 I <b>46</b> 11 <b>44</b> 114 <b>6</b> 1	111 BAILL BELLI 1	18113 88111,1888	#1111 #191 1891		
904 SE 14TH AVENUE CAPE CORAL FL 33990  904 SE 14TH AVENUE CAPE CORAL FL 33990							DO NOT WRITE IN THIS SPACE					7		
								;	<ol> <li>Date Incorporated 01/02/1997</li> </ol>	f or Qualifed				ļ
<del></del>			-	Mailian Addana					4. FEI Number			ΙΔ.	oplied For	1
<b>─</b> '	ace of Business		<u> </u>	, Mailing Address				·   '	65-0716357				ot Applicable	1
21   	Suite Apt # etc Suite, Apt, #, etc.		_								Additional	1		
Suite, Apt.	#, etc.		<u> </u>	Suite, Apr. #, etc.				į ;	<ol><li>Certifcate of State</li></ol>	is Desired			equired	
City & State			27	City & State					6. Election Campaig	n Financina		\$5.00	May Be	1
¬, ,			28	ony a ciala				, ,	Trust Fund Contri	·-			to Fees	
Zip		Country	20	Zip	_	Country			8. This corporation of	wes the cur	rent year Int	angible Yes		
24	25		29		30				O. Name and Address		Besistared			┨
	9. Name and	Address of Current	Regis	stered Agent		81	Name		U. Name and Audit	SS OI NEW	Registered	- Hybrin		1
1A/AD	E, WILLIAM L					"	i							1
	e, william e Se 14th aven	II IC				82	Street	eet Address (P.O. Box Number is Not Acceptable)						
	E CORAL FL 3					0.2	<u> </u>		·					ł
CAP	E CORAL FL 3	3990				83								
						84	City		···-		FL	85 Zip	Code	
office or n agent. I a	Anietorod anont	or both, in the State i	of Flori	607.1508, Florida Stat ida. Such change was f, Section 607.0505, F	autnor	izea dy	the corpo	d corporat poration's	ion submits this state board of directors. I	ement for the hereby acce	purpose of pt the appoi	changing its ntment as re	registered egistered	
SIGNATURE	Signature, typed or pri	nted name of registered agen	t and title	if applicable. (NO	TE: Regis	tered Agei	nt signature I	erequired whe	en reinstating)		DATE			] ;
12.		OFFICERS AN				13.			ADDITIONS/CHAP	IGES TO OF	FICERS AN			-
TITLE	D	··		☐ DELETE	_   1	.1 TITLE						Change	Addition	:
NAME	WARE, WILLIA	AM L			11	.2 NAME			•					
STREET ADDRESS	1722 BAYOU	GRANDE BLVD, N	ΙE		1	.3 STREE	T ADDRESS	s						Li
CITY-ST-ZIP	ST PETERSB	URG FL 33703				4 CITY-S	T-ZIP						proof a 1 that	4
TITLE	D			☐ DELETE	2	2.1 TITLE			*			Change	Addition	1
NAME	WARE, LINDA	\ J			2	2.2 NAME								
STREET ADDRESS	1722 BAYOU	GRANDE BLVD, N	ΙE		1 2	2.3 STREE	T ADDRESS	s						ł
CITY-ST-ZIP	ST PETERSB	URG FL 33703				2.4 CITY-5	ST-ZIP					-3.7		4
TITLE	D			☐ DELETE	3	3.1 TITLE				•	•	Change	☐ Addition	
NAME	MANN, RICH	ARD C				3.2 NAME			1 2 'All of	i				
STREET ADORESS	1035 MADIS	ON SW			:	3.3 STREE	TADORESS	s   20	1 SE 5775	Γ. Ο - ο -				1
CITY-ST-ZIP	LARGO FL 34	4640				3.4. CITY-5	ST-ZIP	Cupe	e Coral, FC	<u> 3399</u>	0		F77 A 1 (***	4
TITLE				☐ DELETE	_	L1 TITLE		1	•			Change	Addition	
NAME					4	. 2 NAME			•					
STREET ADDRESS					4	.3 STREE	T ADDRESS	s						

6.4 CITY-ST-ZIP 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, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

NAME

TITLE

NAME

☐ DELETE

☐ DELETE

☐ Change

Change

☐ Addition

☐ Addition