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PROFIT CORPORATION ANNUAL REPORT

1999 ·



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700000967

1. Corporation Name

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90101 046 ***150.00

SUPHIS	HCUTS, INC.								
					<u> </u>	3 00 63 00 63 00 60 00			
50-03 PINE ISLAND ROAD 50-03 PIN		Mailing Address			•	•			
		50-03 PINE ISLAND ROAD N FT MYERS FL 33903			· ·				
MITI MILITO	L 33303	IN THE MILITA IL 33000			DO NOT WR	ITE IN THIS SP	ACE		
					3. Date Incorporated or Qualifed 12/23/1996		111.	*	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		App	lied For	1:
21		26			65-0695017	•.	Not	Applicable	7
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A	dditional	-:
22		27			5. Certificate of Status Desired	با —————	Fee Rec	juired	
City & Stat	te	City & State			6. Election Campaign Financing		\$5.00 N	May Be	
23		28			Trust Fund Contribution		Added to		
Zip .	Country	Zip	Country	у	8. This corporation owes the cui			37.40.4	
24	25		30		Personal Property Tax.			□No	
	9. Name and Address of Curre	nt Registered Agent	81	1 Name	10. Name and Address of New	Registered Age	ent		
SAC	KOS, SHARON	•	"	Name			٠,	·.	
50-03 PINE ISLAND ROAD			82	2 Street Addre	et Address (P.O. Box Number is Not Acceptable)				
	T MYERS FL 33903		83		5 5 5 7 7 1 6 40 7 1 40 40 1 40 1 40 1 40 1 40 1 40 1	nto Brakovijeno o Azaon Grani kao di Abili Anio	* * * * 7 (E. V.) * 24 79 4637 8	GOD DALUET	
**			63	'		知经机器	13. 经销售		
			84	1 City		FL	85 Zip C	ode	
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Statute of Florida. Such change was au	es, the above	ve-named corpo the corporatio	oration submits this statement for the		anging its r ent as reg	egistered istered	
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations of the state				oration submits this statement for the in's board of directors. I hereby access when reinstating)		anging its reg	egistered istered	á
`	Signature, typed or printed name of registered age				d when reinstating) : 1 :	purpose of cha ept the appointm DATE	DIRECTOR	RS IN 12	(00)
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	ent and title if applicable. (NOTE:	Registered Age		d when reinstating) = 3 =	purpose of cha ept the appointm DATE	* 1 * 1		(11/08)
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AND SACKOS, SHARON	ont and title if applicable. (NOTE:	Registered Age	ent signature required	d when reinstating) : 1 :	purpose of cha ept the appointm DATE	DIRECTOR	RS IN 12	(34 /11/08)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AND D SACKOS, SHARON 50-03 PINE ISLAND ROAD	ont and title if applicable. (NOTE:	Registered Age 13. 1.1 TITLE 1.2 NAME	ent signature required	d when reinstating) : 1 :	purpose of cha ept the appointm DATE	DIRECTOR	RS IN 12	00000 (41/08)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS At D SACKOS, SHARON	ont and title if applicable. (NOTE: ND DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME	ent signature required	d when reinstating) : 1 :	e purpose of cha ept the appointm DATE FICERS AND D	DIRECTOF Change	RS IN 12	DOCUM (11/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AND D SACKOS, SHARON 50-03 PINE ISLAND ROAD	ont and title if applicable. (NOTE:	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signature required	d when reinstating) : 1 :	e purpose of cha ept the appointm DATE FICERS AND D	DIRECTOR	RS IN 12	CD2C024 (41/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AND D SACKOS, SHARON 50-03 PINE ISLAND ROAD	ont and title if applicable. (NOTE: ND DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 City-5	ent signature required	d when reinstating) : 1 :	e purpose of cha ept the appointm DATE FICERS AND D	DIRECTOF Change	RS IN 12	CD2E024 (11/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AND SACKOS, SHARON 50-03 PINE ISLAND ROAD N FT MYERS FL 33903	ont and title if applicable. (NOTE: ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME	ent signature required	d when reinstating) : 1 :	e purpose of cha ept the appointm DATE FICERS AND D	DIRECTOF Change	RS IN 12	CD2E024 (44/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AND SACKOS, SHARON 50-03 PINE ISLAND ROAD N FT MYERS FL 33903	nt and title if applicable. (NOTE: ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-1	ent signature required ET ADDRESS ST-ZIP ET ADDRESS	d when reinstating) : 1 :	e purpose of cha ept the appointm DATE FICERS AND E	DIRECTOR Change Change	RS IN 12 Addition	CD2E024 (44/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AND SACKOS, SHARON 50-03 PINE ISLAND ROAD N FT MYERS FL 33903	ont and title if applicable. (NOTE: ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-3.1 TITLE	ent signature required ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	d when reinstating) : 1 :	e purpose of cha ept the appointm DATE FICERS AND E	DIRECTOF Change	RS IN 12	(44/08)
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AND D SACKOS, SHARON 50-03 PINE ISLAND ROAD N FT MYERS FL 33903	nt and title if applicable. (NOTE: ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE	ent signature required ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	J when reinstating) 1	e purpose of cha ept the appointm DATE FICERS AND E	DIRECTOR Change Change	RS IN 12 Addition	CD2E024 (11/09)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AND D SACKOS, SHARON 50-03 PINE ISLAND ROAD N FT MYERS FL 33903	Int and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY-	ent signature required ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	J when reinstating) ADDITIONS/CHANGES TO OF	e purpose of cha ept the appointm	DIRECTOF Change Change	RS IN 12 Addition Addition	(14/08)
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AND D SACKOS, SHARON 50-03 PINE ISLAND ROAD N FT MYERS FL 33903	Int and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-1 6.1 TITLE 6.2 NAME	ent signature required ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	ADDITIONS/CHANGES TO O	DATE FICERS AND C	DIRECTOF Change Change Change	RS IN 12 Addition Addition Addition	CD0EC024 144/093

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 option attachment with an address, with all other like empowered.

SIGNATURE: