PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P9700006150

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90028 047 ***150.00

| US 3. Date Incorporated or Qualifed 01/22/1997 2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 27 City & State City & St | Corporation | | | | | | | | | | |
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| Pincipal Place of Business Mailing Address State BAY A | | | | | | | | | | | |
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| Solition | | | 2 Mailing Address | | | | | | | Applied For | |
| Suite, Apt #, etc. Suite, Apt #, etc. 27 | ─ ─ ′ | lace of Business | <u> </u> | | | | | | - ⊢- | | |
| City & State SALVATORI, LED J 450 1 TAMIAMI TRAIL NORTH SUITE 300 NAPLES FI. 34100 Salvation in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0502 and 607,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typic or greater rare of registered agent or both, in the State of Florida Subtraction State of Sections (67,0502 and 607,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typic or greater rare of registered agent or both, in the State of Florida Subtraction State of Section 607,0505, Florida Statutes. CITY STATE AGENCY AND CITY OF SECTION STATE AGENCY | Suite Ant | # etc | | | | | | | | | |
| City & State Country Zip Country S. This corporation owes the current year Intanguiste Added to Fees Added to Fees Added to Fees SALVATORI, LEO J 4501 TAMIAMI TRAIL NORTH SUITE 300 NAPLES FI. 34 1003 82 Street Address (P.O. Box Number is Not Acceptable) 83 Name Street Address of New Registered Agent 84 City FL 85 Zip Code 85 Street Address (P.O. Box Number is Not Acceptable) 86 City FL 85 Zip Code 87 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City Street Address (P.O. Box Number is Not Acceptable) 89 City FL 85 Zip Code 89 City FL 85 Zip Code 89 City FL 85 Zip Code 80 | | <i>π</i> , σ.σ. | <u> </u> | | | | 5. Certificate of Status Desired | | Fee F | Required | |
| 28 | | te | | | | | 6. Election Campaign Financing | | \$5.00 | May Be | |
| SALVATORI, LED J. S. Nama and Address of Current Registered Agent SALVATORI, LED J. SALVATORI, LED J. SOUTH 300 NAPLES FL 34103 10. Name and Address of New Registered Agent 81 Name SUITE 300 NAPLES FL 34103 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pusuant to the provisions of Sections 607.0502 and 607.1508, Flinida Statutes, the above-and-corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was submitted by the corporation's board of director's. I hereby accept the appointment as registered agent, and tentilar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Symmum, byte or present areas of registered agent and their applicable. 12. OF FICERS AND DIRECTORS Symmum, byte or present areas or registered agent and their applicable. 12. OF FICERS AND DIRECTORS DELETE 11 mm | 23 | | 28 | | | | Trust Fund Contribution | | | to Fees | |
| 9, Name and Address of Current Registered Agent SALVATORI, LEO J 4501 TAMIAMI TRAIL NORTH SUITE 300 NAPLES FL 34103 11. Pursuant to the provisions of Sections 607.6502 and 607.1508, Fiorida Statutos, the above-named corporation submits this statement for the purces of changing its registered difference or registered agent, or both, in the State of Florida Such characteristic or registered agent, or both, in the State of Florida Such characteristic or segistered agent, or both, in the State of Florida Such characteristic or segistered agent, or both, in the State of Florida Such characteristic or segistered agent, or both, in the State of Florida Such characteristic or segistered agent, or both, in the State of Florida Such characteristic or segistered agent, or both, in the State of Florida Such characteristic or segistered agent, or both, in the State of Florida Statutos, the above-named corporation's board of directors. I hereby accept the appointment as registered differences by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the statement for the purces of changing its registered agent, or both, in the statement for the purces of changing its registered agent, or both, in the statement for the purces of changing its registered agent, or board of directors. I hereby accept the appointment as registered agent, and appointment as registered agent, and appointment as a registered agent agent and appointment as a | Zip | Country | — | Country | | | 1 | ear Inta | | | |
| SALVATORI, LEO J 4501 TAMIAMI TRAIL NORTH SUITE 300 NAPLES FL 34103 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, the appointment of registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the pursuant 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 is registered agent, and accept the obligations of, Section 807.0505, Florida Statutos, the appointment is registered agent, and accept the obligations of, Section 807.0505, Florida Statutos, the opporation's board of directors. I hereby accept the appointment is registered agent agen | 24 | | | | | | | torod (| | | |
| SALVATORI, LEO J 4501 TAMIAMI TRAIL NORTH SUITE 300 NAPLES FL 34103 44 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its 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 to mainly with an accept the obligations of, Section 607.0505, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent to mainly its 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 to mainly its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE TITLE VPS OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME I STREET ADDRESS KINDLON, JOSEPH 13. TITLE PARRISON, MILO Change PAddition HARRISON, MILO Change Addition WHEATON IL 60187 I LUTZ FL 33549 OELETE 13. TITLE PARRISON, MILO Change Addition ABLEPINGER, ROBERT 22. NAME 33. STREET ADDRESS CITY-51-2P OELETE 4. TITLE OELETE 5. TITLE OELE | | 9. Name and Address of Currer | nt Registered Agent | 21 | Name | | 10. Name and Address of New Regis | rei ea k | Agur | | |
| 4501 TAMIAMI TRAIL NORTH SUITE 300 NAPLES FL 34103 11. Pursant the provisions of Sections 607.0502 and 607.1508, Florida Statutes. the above has corporation's board of directors. I hereby accept the appointment as 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signatura, Typede or printed name of regulatered agent and the firepricates. (NOTE: Regulatered Agent signatures accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Regulatered Agent signatures accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Regulatered Agent signatures accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Regulatered Agent signatures accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Regulatered Agent signatures accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. In the corporation of the familiar accept the appoi | CAL | VATORI IEO I | | " | Ivalite | | | | | | |
| SUITE 300 -NAPLES FL 34103 | | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| NAPLES FL 34103 44 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 507.0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 and the 7 agent agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 17. WPS STREET ADDRESS SIGNATURE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN | l | | | 83 | | | <u></u> | | | | |
| 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 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, 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, 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, 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, or both, in the State of Florida. Statutes. SIGNATURE Corporation Corpora | | | | 03 | | | | | ., . | | |
| office or registered agent, or both, in the State of Honds. Such Change was authorized by the Composition of Change agent and this if appricable. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE VPS STREET ADDRESS STREET ADDRESS STREET ADDRESS ABLEPINGER, ROBERT STREET ADDRESS ABLEPINGER, ROBERT STREET ADDRESS AS 29 CHEVAL BLVD 23 STREET ADDRESS CITY-ST-ZP LUTZ FL 33549 DELETE 13 TITLE DELETE 14 TITLE 15 TITLE 16 TITLE 17 TITLE 18 TITLE 19 TITLE 19 TITLE 19 TITLE 19 TITLE 19 TITLE 10 | | 220,201100 | | 84 | City | | | FI | 85 Zip | p Code | |
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| SIGNATURE Signaturu, howed or printed rame of registered agent and title if applicable. (NOTE: Registered Agent sgnature required when relocation) DATE | l office or r | rogistored agent or both in the State | of Florida. Such change was author | rzea ov | the corpo | ration | n's board of directors. I hereby accept the | appoir | itment as | registered | |
| 12. | agent. I a | am familiar with, and accept the obliga | ations of, Section 607.0505, Fibrida | olatutes | • | | | | | | |
| 12. | SIGNATURE | Signature, typed or printed name of registered age | ent and title if applicable. (NOTE: Regi | stered Ager | nt signature re | equired | milet felicited g | | | | |
| NAME | 12. | | ND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICE | RS AN | | | |
| CITY-ST-ZP WHEATON IL 60187 | TITLE | VPS | ☐ DELETE | 1.1 TITLE | | - | Marin | | ∐ Change | e Addition | |
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| | STREET ADDRESS | à | | 6.3 STREE | T ADDRESS | | | | | | |

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.

SIGNATURE:

JAN, 29 1998 9-11-263-1087

Daytime Phone #