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

DOCUMENT # P97000016046

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90027 008 ***150.00

JANET WOODS, P.A.							
Principal Place of I	Rusiness	Mailing A	Address				
	business	_					
425 GERMAIN AVE 425 GERMAIN AVE NAPLES FL 34108							
							DO NOT WRITE IN THIS SPACE
							Date Incorporated or Qualifed
							02/17/1997
2. Principal Place	of Business	2a. Maili	ng Address				4. FEI Number Applied For
21		26				·····	59-3435831 Not Applicable
Suite, Apt. #, et	tc.	\vdash	, Apt. #, etc.				5. Certificate of Status Desired
22		27.					
City & State		<u> </u>	& State				6. Election Campaign Financing Trust Fund Contribution S 5.00 May Be Added to Fees
23 Zip	Country	28 Zip		Cou	ntrv		8. This corporation owes the current year Intangible
<u> </u>	25	29		30			Personal Property Tax.
24	. Name and Address of Current	1, 1	Agent	1301			10. Name and Address of New Registered Agent
	. Hand and Addition of Gardin				81	Name	
WOODS, JANET					82 Street Address (P.O. Box Number is Not Acceptable)		
425 GERMAIN AVE				82	Street Add	Idress (P.O. Box Number is Not Acceptable)	
 NAPLES 	FL 34108				83		
,							as Zin Codo
					84	City	FL 85 Zip Code
11. Pursuant to th	ne provisions of Sections 607.0502	and 607.15	08, Florida Statut	es, the al	bove	e-named cor	rporation submits this statement for the purpose of changing its registered
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	DIRECTOR		13.		,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
тпъе D			☐ DELETE	1,1 177	ΠLE		☐ Change ☐ Addition
	OODS, JANET			1.2 NA	ME		
****	25 GERM AIN AVE			1.3 ST	REET	TADDRESS	
CITY-ST-ZIP N	APLES FL 34108			1.4 CI		T-ZIP	Character T Addition
TITLE			☐ DELETE	2.1 111	RΕ		☐ Change ☐ Addition
NAME				2.2 NA	ME		
STREET ADDRESS				2.3 ST	REET	TADDRESS	
CITY-ST-ZIP				2.4 C		ST-ZIP	Change Addition
TITLE			DELETE	- * 13.1 TI			
NAME				3.2 NA			·
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TITLE			☐ DELETE	4,1 TR			Cuange Dyoungui
NAME				4.2 N		l l	
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CITY-ST-ZIP			DELETE	5.4 Ci		IT-ZIP	☐ Change ☐ Addition
TITLE .			DELETE	6.2 N			☐ Cutange ☐ Modulion ?
NAME (1		T ADDRESS	
STREET ADDRESS				6.3 8	KEE	I VEDICE 32	

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.