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 # P97000020971

1. Corporation Name

CFC WILC	ROTECHNOLGT, INC.					
Principal Place of Business Mailing Address			<u> </u>		E INDRIDRÈ ILIB YOTH YOUR DOUR DOUR	I BANKI BAKIN ISANS ANDISA NANSI NANSI NSAN SENS
1230 YESIGA ANN CIRCLE SUITE D-206 NAPLES FL 34110 NAPLES FL 34110 NAPLES FL 34110					DO NOT WRITE 3. Date incorporated or Qualifed 03/06/1997	E IN THIS SPACE
2. Principal Place of Business 2a. Mailing Address			Iress		4. FEI Number	Applied For
21		26			59-3435366	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22		27 == == == == == == == == == == == == ==		5. Certifcate of Status Desired	Fee Required	
City & State	9	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Coi	intry	8. This corporation owes the currer	nt year Intangible
24	25	29	30		Personal Property Tax.	∐ Yes ∭X0No
<u></u>	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent
CADUCD AADON A				81 Name	Kyle N. Williamson	
FARMER, AARON A . 3001 TAMIAMI TRAIL NORTH				92 Street Address (D.O. Boy Number is Not Acceptable)		
NAPLES FL 34103				83	4001 TAMIAMI TRAIL N.	Svite 285
1471,660 1 6 04 100				63		}
				84 City	laples	FL 85 Zip Code 34/03
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 Newl or printed page of registered agent and title (I spollicable. INOTE: Registered Agent signature required when reinstating) DATE						
Signature, type or printed name of registered agent and title if applicable. (NOTE: 12. OFFICERS AND DIRECTORS			<u> </u>	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D			ITLE		☐ Change ☐ Addition
NAME	ZIMMERMAN, ERIC NORMAN		1.2 N	AME		
STREET ADDRESS	AREA STORE AND OFFICE OFFI			TREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34110		1.4 (:ITY-ST-ZIP		
TITLE	V		DELETE 2.1 T			☐ Change ☐ Addition
NAME	ZIMMERMAN, LORRAINE S	_	2.2 N	IAME		
STREET ADDRESS	1230 YESICA ANN CIRCLE, ST	E D206	2.3 5	TREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34110			CITY-ST-ZIP		
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NAME			3.2 N	IAME		
STREET ADDRESS			3.3 \$	TREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		Change Addition
TITLE		Ш	DELETE 4.1 T		·	☐ cuende ☐ vocinou Ì
NAME				VAME		
STREET ADDRESS				TREET ADDRESS		
CITY-ST-ZIP		——————————————————————————————————————	4.4.0 DELETE 5.1.T	CITY-ST-ZIP		☐ Change ☐ Addition
NAME			5.21			
I INDUNE				1		

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Eimmerman, President

DELETE

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90039 005 ***150.00

☐ Addition

☐ Change