## 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 # P97000022051

1. Corporation Name

## **FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90034 050 \*\*\*150.00

SIDELINE	E INVESTMENTS, INC.				}		
	٠.						
Principal Place	e of Business	Mailing Address			עם יווספ וווספ ווספן וווסו פוז ומפגופסו ו	ו ופוקב וופוו פופוו פון	11101 HE HE
37 SUNSET DR	IVE STE 73	37 SUNSET DRIVE STE 73			1		
SARASOTA FL 34236 SARASOTA FL 34236					DO NOT WOLLE IN T	HE CDACE	
					DO NOT WRITE IN TH  3. Date incorporated or Qualifed	IIS SPACE	
					03/03/1997		
a Detector D	land of Overland	2a. Mailing Address			4. FEI Number	Anr	olied For
	lace of Business	<u> </u>			65-0744855	<del></del>	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	- · · <del>-</del> · · ·		_	\$8.75 A	
22	#, Clo.	27			5. Certifcate of Status Desired	Fee Red	1
City & State	9	City & State			6. Election Campaign Financing	\$5.00 (	May Be
23		28			Trust Fund Contribution	Added to	
Zip	p Country Zip		Country		8. This corporation owes the current year		
24	25	29 3			Personal Property Tax.	Yes	10No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registere	d Agent	
			8	1 Name			İ
MULKIN, JOHN W JR.			8	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
37 SUNSET DRIVE STE 73							
SAR	ASOTA FL 34236		8	3			
			8	4 City		85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the abo	ve-named cor	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its of nointment as rec	registered   pistered
office or re agent. La	egistered agent, or both, in the State m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	da Statute	s.	,	30.11.01.1.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE							
0.0.0	Signature, typed or printed name of registered ager			ent signature requir	red when reinstating) DATE	NID DIGESTO	DO 101 40
12.	<del></del>	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	Addition
TITLE	D	☐ DELETE	1,1 TITLE	ì		Counting	
NAME	MULKIN, JOHN W JR.		1.2 NAME		• •		
STREET ADDRESS	37 SUNSET DRIVE STE 73		1	ET ADORESS		•	
CITY-ST-ZIP	SARASOTA FL 34236	D person	1.4 CITY-			☐ Change	Addition
TITLE	D	☐ DELETE	2.1 TITLE			Change	
NAME	MULKIN, JOHN W		2.2 NAME	· · · · · · · · · · · · · · · · · · ·			. 1
STREET ADDRESS	27068 SHELL RIDGE COURT		2.3 STRE	ET ADDRESS	<b>~</b>		1
CITY-ST-ZIP	BONITA SPRINGS FL 33923						
TITLE			2.4 CITY			Change	Addition
NAME	li de la companya de	☐ DELETE	3,1 TITLE			Change	Addition
ATOCCT ADDOCCO		☐ DELETE	3.1 TITLE 3.2 NAME			Change	Addition
STREET ADDRESS	- <del>-</del>	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STRE	ET ADDRESS		Change	_ }
CITY-ST-ZIP			3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY	ET ADDRESS -ST-ZIP		,	
CITY-ST-ZIP	<u>-</u> -	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE	ET ADDRESS -ST-ZIP		Change	_ }
CITY-ST-ZIP TITLE NAME			3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM	ET ADDRESS -ST-ZIP		,	
CITY-ST-ZIP TITLE NAME STREET ADDRESS			3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STRE	ET ADDRESS -ST-ZIP E		,	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY	ET ADDRESS -ST-ZIP  ET ADDRESS ST-ZIP		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ,			3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4. 2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE	ET ADDRESS -ST-ZIP  E ET ADDRESS ST-ZIP		,	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAMI	ET ADDRESS -ST-ZIP  E ET ADDRESS ST-ZIP		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STRE	E E ADDRESS -ST-ZIP  E E ET ADDRESS -ST-ZIP  E E ET ADDRESS		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 5.2 NAMI 5.3 STRE 5.4 CITY	E E E ADDRESS E E E E E E E E E E E E E E E E E E		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE		☐ DELETE	3.1 TITLE 3.2 NAMI 3.3 STRE 3.4. CITY 4.1 TITLE 4.2 NAMI 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STRE 5.4 CITY 6.1 TITLE	E E E E E E E E E E E E E E E E E E E		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	<u>-</u>	☐ DELETE	3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STRE 5.4 CITY 6.1 TITLE	E E E E E E E E E E E E E E E E E E E		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	<u>-</u>	☐ DELETE	3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STRE 5.4 CITY 6.1 TITLE	ET ADDRESS -ST-ZIP  E SET ADDRESS -ST-ZIP  E SET ADDRESS -ST-ZIP  E SET ADDRESS -ST-ZIP  E SET ADDRESS -ST-ZIP		☐ Change	Addition

14. hereby certify that the information supplied with this filing does not quality 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:

AME OF SIGNING OFFICER OR DIRECTOR