FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000025772 (9)

COFFEY & COMPANY, INC.

FILED Feb 10 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing	Mailing Address					
	WALK CIRCLE. #2112		2202 ARBOUR WALK CIRCLE. #2112					
NAPLES FL 3	4109	NAPLE	S FL 34109			DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualified		
						03/21/1997		
2. Principal P	lace of Business		ilina Address			4. FEI Number	Applied For	\dashv
21		r ··· · · · ·	26			59-3489586	Not Applical	nlo
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				\$8.75 Additional	~
22		-	27			5. Certificate of Status Desired	Fee Required	
City & State	9		/ & State			6. Election Campaign Financing	 	\dashv
23		├	28			Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Countr		-·····	Country	,	This corporation owes or has paid the cu		
24	25	29		30			Yes X No	
		ses of Current Registere	d Agent	130		10. Name and Address of New Registered		\dashv
NO	LLANDER, RHONDA		<u> </u>	81	Name			ᅥ
	11 NORTH FEDERAL			82				
	LLYWOOD FL 33020	•	FIBI		Street Ac	reet Address (P.O. Box Number is Not Acceptable)		
110	LL14700D 1 L 03020			83				
				84	City		85 Zip Code	\dashv
						FL	. `	1
11. Pursuant I	to the provisions of Sec egistered agent, or bott	tions 607.0502 and 607.1 h, in the State of Florida S	508, Florida Statu luch change was	tes, the above authorized by	e-named co the corpo	orporation submits this statement for the purpose or tration's board of directors. I hereby accept the app	f changing its registere pointment as registered	d
SIGNATURE								
		e of ruge time factors and title if app			nt signature re	quired when reinstating) DATE	n nincozonó w Liá	
12.		OFFICERS AND DIRECTOR	DFLETE	13.		ADDITIONS/CHANGES TO OFFICERS AN		
	PSD	••	DILLETE	1.1 TITLE			Change Additi	ن _ا ن
NAME	COFFEY, MICHAE			1.2 NAME				- 13
STREET ADDRESS		ALK CIRCLE, #2112		1.3 STREET	ADDRESS			li
CITY-ST-ZIP	NAPLES FL 34109	<u> </u>		1.4 CITY - S	T-21P			
TITLE	VPTD	_	☐ DELETE	21 TITLE			Change Additi	on '
NAME	YOUNG, LYNETTE			22 NAME				
STREET ADDRESS		ALK CIRCLE, #2112		23 STREET	ADDRESS	_·;		
CITY-ST-ZIP	NAPLES FL 34109)		2. 4 City-5	ST-ZIP			
TITLE			DELETE	3.1 TITLE			☐ Change ☐ Additi	on
NAME				3.2 NAMÈ	1			
STREET ADDRESS				3.3 STREET	ADDRESS			1
CITY - ST - ZIP				3.4. CITY - S	ST-ZIP			
TIFLE			DELETE	4.1 TITLE			Change Additi	on
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY - S	T-ZIP			-
TITLE			DELETE	5 1 TITLE			☐ Change ☐ Additi	on
NAME				5 2 NAME				
STREET ADDRESS				5 3 STREET	ADDRESS			İ
CITY-ST-ZIP				5.4 CITY-S				
TITLE			DELETE	6.1 TITLE	, 411		☐ Change ☐ Additi	on
NAME				62 NAME				"
STREET ADDRESS				6.3 STREET	*UDDELLO			i
				1				
CITY-ST-ZIP				64 CITY-S	1 - ZIP			- 1

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 roport 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 corelever 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.

- Lynette A. Young

(941)592-9795