Feb 10, 1999 8:00 am Secretary of State

02-10-1999 90045 024 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POZOGOGGEZO

1. Corporation MARILY	N L. MANTOR, C.P.A., P.A						
Principal Plac	ce of Business	Mailing Address		1 (40)(40) (40 (44) (64)(65)(65)(65)	ISH Ab igi Ba sh a Hama (bibi)	inin a rang mas h ar a	
4100 CORPORATE SOUARE SUITE 160 NAPLES FL 34104 US		4100 CORPORATE SOUARE SUITE 160 NAPLES FL 34104		DO NOT WRITE IN THIS SPACE			
03		US		3. Date Incorporated or Qualifed 03/31/1997			
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	1 [Applied For	
21		26		59-3438127	H	Not Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	1 1	5 Additional Required	
City & Sta	ite	City & State		6. Election Campaign Financing		00 May Be	
23		28		Trust Fund Contribution		ed to Fees	
Žip	Country	Zip	Country	8. This corporation owes the curr			
24	25	29	30	Personal Property Tax.	✓Yes	□No	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New F	Registered Agent		
	UTOD 14400 VAL	•	81 Name				
MANTOR, MARILYN L 6041 - 16TH AVE NW			82 Street Addr		iress (P.O. Box Number is Not Acceptable)		
NAP	PLES FL 34119		83	1 25 501 2 34 834 540 25	以前的根据数据	111 182 Y 181 18 3	
			24 0"				
			84 City		FL 85 2	ip Code ""	
					FLII		
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	es, the above-named cor	poration submits this statement for the	purpose of changing	its registered	
office or i	registered agent, or both, in the State	e of Florida. Such change was at	uthorized by the corporat	poration submits this statement for the ion's board of directors. I hereby accept	purpose of changing	its registered registered	
office or i	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was at	uthorized by the corporat	poration submits this statement for the ion's board of directors. I hereby accept	purpose of changing	its registered registered	
office or i	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was au pations of, Section 607.0505, Flor	uthorized by the corporat	ion's board of directors. I hereby accep	purpose of changing	its registered registered	
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office or in agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agency OFFICERS A PVST MANTOR, MARILYN L	e of Florida, Such change was at pations of, Section 607.0505, Florient and title if applicable. (NOTE: ND DIRECTORS DELETE	uthorized by the corporating Statutes. Registered Agent signature requirements 1.3. 1.1 TITLE 1.2 NAME	ion's board of directors. I hereby accepted when reinstating).	purpose of changing of the appointment as DATE FICERS AND DIRECT Chan	CTORS IN 12	
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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 arm 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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: Marily Limitator SIGNING OFFICER OR DIRECTOR

(441) 643-7740