Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90018 049 ***150.00

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 # P97000029864

1. Corporation Name

PRICELESS DONLITS, INC.

	200 201010/ 1110						
Principal Plac	e of Business	Mailing Address			[1881] 881 10 10 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12		/// E E !!/! E ! E ! ! ! E !
2608 14TH STE	REET WEST	2608 14TH STREET WEST					
BRADENTON FL 34205 BRADENTON FL 3420					DO NOT WRITE IN TI	LIC CDACE	
					3. Date Incorporated or Qualifed		
					03/31/1997		
2. Principa P	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0754253		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifc ite of Status Desired	,	5 Additional
22		27			5. Certificate of Status Desired	Fee	Recuired
City & State		City & State			6. Election Campaign Financing	\$5.0	0 May Be
23		28			Trust Fund Contribution	Adde	ed to Fees
Zip	Cour try	Zip	Country		8. This corporation owes the current year		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
24	25	29 3	0		Persor al Property Tax.	Yes	JANo
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Register	€d Agent	
DOIC	CE DAVAD D		81	Name			
PRICE, DAVID R 2608 14TH STREET WEST BRADENTON FL 34205				Street Acd	ress (P.O. Box Number is Not Acceptable)		
DIVA	IDENTON FL 34203		83	i			
			84	City		85 Z	ip Code
office or r	registered agent, or both, in the Stat am familiar with, and accept the obli	te of Florida. Such change was auti	norizea by	тпе согрогац	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of ointment as	registered
SIGNATURE	Signature, typed or printed name of registered a	geni and title if applicable. (NOT 2: R	Registered Agen	t signature require	ed wheπ reinstating) DATE		
12.	OFFICERS A	OFFICERS ANI) DIRECTORS 1			ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TITLE			Chang	ge 🗌 Addition
NAME	PRICE, DAVID R		1.2 NAME				
STREET ADDRESS			13 STREET	ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34143		1.4 CITY-ST	-ZIP		- Chan	ge Addition
TITLE	D	☐ DELETÉ	2 1 TITLE			Chang	Je Addition
NAME	PRICE, KELLY L		2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34143		2. 4 CITY-S	T-ZIP			FT Addition
TITLE		☐ DELETE	3.1 TITLE			Chang	ge 🗌 Addition
NAME			3.2 NAME				
STREET ADDRESS	i		3.3 STREET	ADDRESS			
CITY-ST-ZIP			34 CITY-S	T-ZIP			an DAddition
TITLE		☐ DELETE	4 1 TITLE			Chang	ge
NAME			4. 2 NAME				
STREET ADDRESS	5		4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S1	r-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Chan	ge
NAME			5.2 NAME				

14. I heret y certify that the informa ion 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 changer, on on an attantiment 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

SIGNATURES

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Addition

Change

CR2E034 (11/98)