Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90017 016 \*\*\*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 # P97000048497

1. Corporation Name

Principal Place 4371 CLARK ROSARASOTA FL	DAD	Mailing Address 4371 CLARK ROAD SARASOTA FL 34233				DO NOT WRIT			
					3. Date Incor	porated or Qualifed			
					06/03/19				
2. Principa Pl	ace of Business	2a. Mailing Address	-		4. FEI Number				lied For
21		26			65-0761	<u>834</u>			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate	of Status Desired	<b>-</b>	<b>8.75</b> A	
City & State	9	City & State				ampaign Financing Contribution		\$5.00 h Added to	, 1
Zip	Cour try	Zip	Count	ry		ration owes the curre	ent year ntangi		
25 29		29	30		Persor al Property Tax.			Yes	∏No
	9. Name and Address of Curre	nt Registered Agent			10. Name and	Address of New R	egistered Age	<u>nt</u>	
TED	PER, ARTHUR L ESQ		8	1 P.	Christo		entich	, Œ ±	<b>39.</b>
1680 FRUITVILLE ROAD, SUITE 102			8	2 Street Ac	dress (P.O. Box Nu	mber is Not Accepta	ble)		
	ASOTA FL 34236		8		148 FIA	<u> </u>			
			L	<u> </u>				-1 7:- C	
			8	4 City	rasota		FL  *	5 Zip C 34	237
office crn agent. I a	to the provisions of Sc ctions 607.050 egistered agent, or bo h, in the State m familiar with, and a cept the obligations of the state	ations of Section 607.0505, Flor	rida Statute	es. Chris	Shopher Ja	ensh, A	Hy 4	1226	7 <u>.9</u>
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS	CHANGES TO OF			
TITLE	D	☐ DELETE 1.1					_	] Change	Addition
NAME	VARGA, MARIAN								
STREET ADDRESS			1	ET ADDRESS					
CITY+ST-ZIP TITLE	SARASOTA FL 34238	□ DELETE	1,4 CITY 2,1 TITLE					Change	Addition
NAME	)		2.2 NAM						
STREET ADDRESS			1	ET ADDRESS					
CITY- ST- ZIP			2.4 CITY	-ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE					] Change	☐ Addition
NAME			3 2 NAM	E					
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP		DELETE	3 4. CITY					Change	Addition
TITLE		C DECEIE	4.1 TITLE 4.2 NAM				_	, snango	
NAME				EET ADDRESS					
STREET ADORE 3S			4.3 STR						
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITU			_		] Change	Addition
NAME			5.2 NAM	E					
STREET ADDRESS			5.3 STRE	ET ADDRESS					-
CITY-ST-ZIP			54 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 recuired 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 enforcement.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF FIRITED NAME OF SIGNING OFFICER OR DIRECTOR Varga 1/22/99

☐ DELETE

Addition