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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000049608

Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired Fee Required  Fee Required  Fee Required  City & State  City & State  City & State  City & State  Trust Fund Contribution  Added to Fees  Zip  Country  Zip  Country  Zip  Country  Suite, Apt. #, etc.  5. Certificate of Status Desired  Fee Required  Fee Required  Fee Required  Status Desired  Fee Required  Fee Required  Status Desired  Fee Required  Fee Required  Status Desired  Fee Required  Fee Required  Fee Required  Fee Required  Status Desired  Fee Required  Fee
Principal Place of Business  Mailing Address  228 SW 15 AVE  APE CORAL FL 33914  CAPE CORAL FL 33915  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  06/02/1997.  3. Date Incorporated or Qualified  06/02/1997.  4. FEI Number  65-0743307  Applied Fo  65-0743307  Not Applied  Suite, Apt. #, etc.  22  #5
Principal Place of Business  Mailing Address  228 SW 15 AVE  CAPE CORAL FL 33914  CAPE CORAL FL 33915  24. Mailing Address  25. Principal Place of Business 25. Mailing Address  25. Principal Place of Business 26. Mailing Address  27. Principal Place of Business 28. Mailing Address  29. Mailing Address  40. FEI Number  65. 0743307  50. Certificate of Status Desired  Fee Required  City & State  City & State  City & State  City & State  CORAL, FIL  28. County  Zip  County  Added to Fees  Address of Current Registered Agent  MCCARRON, MICHAEL A  2528 SW 15 AVE  CAPE CORAL FL 33914  ACCARD CARD CARD COUNT CAPE CORAL FL 33914  ACCARD CARD CARD CARD CARD CARD CARD CAR
228 SW 15 AVE CAPE CORAL FL 33914  22. Mailing Address 23. Mailing Address 24. FEI Number 65.0743307  Sulte, Apt. #, etc. 25. Certificate of Status Desired 7 City & State 26 CORAL, FL 28  CAPE CORAL, FL 28  CAPE CORAL, FL 28  CAPE CORAL, FL 28  COuntry 27 Country 28 COUNTRY 28 COUNTRY 29 Sulte Apt. #, etc. 30 Name and Address of Current Registered Agent  MCCARRON, MICHAEL A 2528 SW 15 AVE CAPE CORAL FL 33914  CAPE CORAL FL 33
CAPE CORAL FL 33914  CAPE CORAL FL 33915  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  ()6/()2/1997.  2. Principal Place of Business 21 8 11 SW 44th ST 25
2. Principal Place of Business 3. Date Incorporated or Qualifed (06/02/1997.  4. FEI Number 55-0743307   Not Applied For Status Place of Status Pla
2. Principal Place of Business 2. Mailing Address 3. FEI Number 65-0743307 5. Certificate of Status Desired 65-0743307 5. Certificate of Status Desired 65-0743307 5. Certificate of Status Desired 65-0743307 65-0743307 7. OKI Applied For 65-0743307 8. This corporation covers the current year Intangible Fee Required 7. City & State 8. Election Campaign Financing St. 50.00 May Be Added to Fees Trust Fund Contribution where the current year Intangible Fee Required 7. Country Zip Country Sip Country 7. St. Description of Sections of Current Registered Agent 8. This corporation owes the current year Intangible Feesonal Property Tax. Sip
2. Principal Place of Business
Suite, Apri. #, etc.
Suite, Apt. #, etc.    Suite, Apt. #, etc.
S. Certificate of Status Desired   Fee Required
City & State   City & State   City & State   City & State
Trust Fund Contribution Added to Fees    CAPE CORAL, FL.   28
CAPE CORAL, FL   28
24 33914 25 LEE 29 30 Personal Property Tax.
9. Name and Address of Current Registered Agent  MCCARRON, MICHAEL A 2528 SW 15 AVE CAPE CORAL FL 33914  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE  PS  MCCARRON, MICHAEL A  12.NAME  MCCARRON, MICHAEL A  13.STREET ADDRESS  CTY-ST-ZIP  CAPE CORAL FL 33914
MCCARRON, MICHAEL A 2528 SW 15 AVE CAPE CORAL FL 33914  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL  85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Agent Agen
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Agent. I am familiar with, and accept the obligations of, Section 607.0505; Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE  PS DELETE  1.1 TITLE  NAME  MCCARRON, MICHAEL A  1.2 NAME  STREET ADDRESS  CITY-ST-ZIP  CAPE CORAL FL 33914  1.4 CITY-ST-ZIP
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TITLE         PS         DELETE         1.1 TITLE         Change         A C           NAME         MCCARRON, MICHAEL A         1.2 NAME           STREET ADDRESS         2528 SW 15 AVE         1.3 STREET ADDRESS           CITY-ST-ZIP         CAPE CORAL FL 33914         1.4 CITY-ST-ZIP
NAME MCCARRON, MICHAEL A 1.2 NAME STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33914 1.4 CITY-ST-ZIP
STREET ADDRESS         2528 SW 15 AVE         1.3 STREET ADDRESS           CITY-ST-ZIP         CAPE CORAL FL 33914         1.4 CITY-ST-ZIP
CITY-ST-ZIP CAPE CORAL FL 33914 1.4 CITY-ST-ZIP
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STREET ADDRESS 2528 SW 15 AVE 22 NAME 2.3 STREET ADDRESS
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NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS
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STREET ADDRESS
STREET ADDRESS   3.3 STREET ADDRESS   3.4. CITY-ST-ZIP
STREET ADDRESS

6.4 CITY-ST-ZIP 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 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.

6.2 NAME

6.3 STREET ADDRESS

TITLE

NAME

STREET ADDRESS