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 # **P97000050234** 1. Corporation Name

MILDENI	, INCORPORATED		•					
Principal Place	of Business	Mailing Address				- - 1 (40)(00) (30 (05)(500) (05)(305)(80)(00)() (00)		KILI DIĞI LEBI
1330 ALCAZAR	or Eddinous	1330 ALCAZAR						
FT MYERS FL 33901 FT MYERS FL 33901								
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						06/05/1997		
Principal Place of Business 2a. Mailing Address						4. FEI Number	App	lied For
21	•	26				65-0760540		Applicable
Suite, Apt.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	dditional julred
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
23	_	28				Trust Fund Contribution	Added to	
Zip	Country	Zip Country				8. This corporation owes the current year Intangible		
24	25 29 30			Personal Property Tax. ☐ Yes ☐ No			□No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered	Agent	
				81	Name			
ROU	By, Jerry			82	Stroot Addro	ss (P.O. Box Number is Not Acceptable)		
, ,,,,,	ALCAZAR	8		02	Street Addres	iss (F.O. Box Nulliber is Not Acceptable)		
FT MYERS FL 33901			ŀ	83				
				\perp	<u> </u>			
ĺ				84	City	· FL	85 Zip C	ode
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 registered 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: Regis				Agent	signature required		D DIDECTO	3C IN 42
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
TITLE	Р	. DELETE	1.1 TIT	1.1 TITLE			☐ Change	
NAME '	CLARK, M.A.			1.2 NAME				1
STREET ADDRESS			1.3 ST	REET/	ADDRESS	•		1
CITY-ST-ZIP			1.4 CI	Y-\$T-	ZIP			
TITLE	☐ DELETE 2.1 T		2.1 111	ΊĒ			☐ Change	☐ Addition
NAME	2.2 N		ME		•			
STREET ADDRESS		•	2.3 ST	REET/	ADORESS .		·	
CITY-ST-ZIP	والمهجاب فالجرأ منه للله		2. 4 CI	TY-ST	-ZIP			
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NAME			3.2 NA	ME	.			
STREET ADDRESS	•		- 1		ADDRESS			
CITY-ST-ZIP	<u> </u>			TY-ST	-ZIP		Change	Addition
TITLE	•	☐ DELETE	4,1 111			-	□ orange	
NAME			4. 2 N/			·		
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				TY-ST-	ZIP		Change	☐ Addition
TITLE		☐ DELETE	5.1 TT				Change	☐ Addition {
NAME			5.2 NA			•		
STREET ADDRESS		•			ADDRESS	,		
CITY-ST-ZIP			5.4 CI	TY-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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

NG OFFICER OR DIRECTOR

APRIL 99 1-887 MILLE

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90068 041 ***150.00

Addition