## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

STUART FL 34994

2a. Mailing Address

City & State

Suite, Apt. #, etc.

SUITE 232

26

900 E. OCEAN BLVD.

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000053495

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

900 E. OCEAN BLVD.

STUART FL 34994

SUITE 232

21

22

TREASURE COAST COURT REPORTING, INC.

9. Name and Address of Current Registered Agent  SCIORRA, CYNTHIA 900 E. OCEAN BLVD. SUTTE 223 STUART FI. 34994  11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the eligiblinois of, Section 807,0505, Florids Statutes. Since Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the eligiblinois of, Section 807,0505, Florids Statutes.  SIGNATURE  SIGNATURE  D	23		28	28					Trust F		-	•	' <sub>□</sub>				May Be
9. Name and Address of Current Registered Agent  SCIORRA, CYNTHIA 900 E. OCEAN BLVD. SUITE 23 STUART FI. 34994  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Floridal Statutes. The above-hamed corporation submits this statement for the purpose of changing list registered agent. I maintains with, and eace the obligations of Sections 607 0502 and 607 1508. Floridal Statutes. The above-hamed corporation submits this statement for the purpose of changing list registered agent. I maintains with, and eace the obligations of Section 67 0502 and 607 1508. Floridal Statutes. The above-hamed corporation submits this statement for the purpose of changing list registered agent. I maintains with, and eace the obligations of Section 67 0505. Floridal Statutes. The above-hamed corporation submits this statement for the purpose of changing list registered office or registered agent. I maintains with, and eace the obligations of Section 67 0505. Floridal Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. DR. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THE OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THE OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THE OFFICERS AND DIRECT	Zip	Country	Zip	)	Countr	ry		8					cront w	oor Into		ded to	rees
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900 E. OCEAN BLVD. SUITE 223 STUART FL 34994  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes. the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered afficient or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Statutes. The appointment of registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Statutes. The appointment of registered agent, or both, in the State of Florids. Statutes.  (NOTE Registered Appeals Statutes.)  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE CHANGE ADDITIONS/CHANGES ADDITIONS/CH							Name		-		_						-
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SIGNATURE    Superior Symbol or protect name of registered agent and bills if applicable.   NOTE Registered Apont segnature required when reinalising)   DATE							e corporati	on's bo	oard of o	lirectors	. I herel	by acce	pt the	appoint	ment a	is regi	stered
Signature, lyaped or printed mixer of registered agent and tibe if applicable. (NOTE Registered Agent signature required when reinstating)  DATE  OFFICERS AND DIRECTORS  TITLE  DCHIVARI, NANCY M  12 NAME  12 NAME  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  CHIVARI, NANCY M  12 NAME  13. STREET ADDRESS  OTY-ST-ZP  TITLE  DSCIORRA, CYNTHIA  DELETE  21 TITLE  22 NAME  23 STREET ADDRESS  STUART FL 34994  24 CITY-ST-ZP  TITLE  NAME  33 STREET ADDRESS  DITY-ST-ZP  TITLE  NAME  41 STREET ADDRESS  DITY-ST-ZP  TITLE  NAME  33 STREET ADDRESS  ALC OTY-ST-ZP  TITLE  NAME  34 STREET ADDRESS  DELETE  41 TITLE  42 NAME  43 STREET ADDRESS  ALC OTY-ST-ZP  TITLE  NAME  35 STREET ADDRESS  ALC OTY-ST-ZP  TITLE  NAME  35 STREET ADDRESS  ALC OTY-ST-ZP  TITLE  NAME  43 STREET ADDRESS  ALC OTY-ST-ZP  TITLE  NAME  35 STREET ADDRESS  ALC OTY-ST-ZP  TITLE  NAME  43 STREET ADDRESS  ALC OTY-ST-ZP  TITLE  NAME  35 STREET ADDRESS  ALC OTY-ST-ZP  TITLE  NAME  ALC				, , , , , , , , , , , , , , , , , , , ,		٠.											
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STY-ST-ZIP  5.4 CITY-ST-ZIP  6.1 TITLE  LAME  6.2 NAME  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.5 TREET ADDRESS  6.6 CITY-ST-ZIP  6.7 CITY-ST-ZIP  6.7 CITY-ST-ZIP  6.8 CITY-ST-ZIP  6.9 CITY-ST-Z	NAME				5.2 NAME		]			•				,		,	
DELETE 6.1 TITLE  G.2 NAME  G.2 NAME  G.3 STREET ADDRESS  G.4 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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	STREET ADDRESS				5.3 STREET	[ADD	RESS					•					
Addition  6.2 NAME  6.2 NAME  6.3 STREET ADDRESS 6.4 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 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	CITY-ST-ZIP	<u> </u>			5.4 CITY-ST	T-ZIP	,										
62 NAME 63 STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP 64 I hereby certify that the information supplied with this filing does not qualify for the expension 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 expensions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	TITLE	-		☐ DELETE	6.1 TITLE									Г	7 Chan	je	☐ Addition
64 CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  14. I hereby certify that the information supplied with this filing does not qualify for the expension 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 expensions.	NAME				6.2 NAME									·		<b>"</b>	
ACTY-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 the supplemental annual report is true and accurate annual report is true annual report is true	STREET ADDRESS				6.3 STREET	ADO	RESS										
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 the supplemental annual report is true and accurate an	CITY-ST-ZIP				6.4 CITY-ST	r-ZIP											}
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. Storids Statistics and that my signature shall have the same legal effect as if made under oath; that I am an	14. I hereby co	ertify that the information supplied	with this filing d	oes not qualify for t	ho overneti		-4-4	ection	119.070	3)(i) Flo	rida Sta	itutes !	furtho	r cortife	that th	o infe	rmation
	officer or d	on this annual report or suppleme director of the corporation or the re	ntal annual repor eceiver or trustee	t is true and accura empowered to exa	ate and that	my	signature	shall h	nave the	same le	gal effe	ct as if	made	under	oath; th	at lar	n an

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90046 009 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

06/17/1997

65-0763805

4. FEI Number

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

(561) 221-3244 Daytime Phone #

Not Applicable

CR2E034 (11/98)