

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 # P97000056999

1. Corporation Name

TWINEAGLES BROKERAGE, INC.

Principal Place of Business

4099 TAMiami TrL., N. STE. 301  
NAPLES FL 34103

Mailing Address

4099 TAMiami TrL., N. STE. 301  
NAPLES FL 34103

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90142 021 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1997

4. FEI Number

59-3454724

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHECHTER, JOEL H  
3001 TAMiami TrL. N.  
NAPLES FL 34103

81 Name

CLASP INC.

82 Street Address (P.O. Box Number is Not Acceptable)

3001 Tamiami Trail North, 4th Floor

83

84

City NAPLES

FL

85

Zip Code 34103

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 *Sheila K. Roberts* VP

(NOTE: Registered Agent signature required when reinstating)

4-27-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME COLOSIMO, JAMES R  
STREET ADDRESS 4099 TAMiami TrL., N., STE. 301  
CITY-ST-ZIP NAPLES FL 34103

TITLE V ☐ DELETE  
NAME HIIRONEN, JAMES R  
STREET ADDRESS 4099 TAMiami TrL N. SUITE 305  
CITY-ST-ZIP NAPLES FL 34103

TITLE V ☒ DELETE  
NAME BUCKMAN, SUSAN D  
STREET ADDRESS 4099 TAMiami TRAIL, NORTH SUITE 305  
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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.

SIGNATURE:

*James R. Hiironen* JAMES R. HIIRONEN

4/20/99

Date

(941) 262-3024

Daytime Phone #

CR2E034 (11/98)