Applied For

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 # P97000064178

Principal Place of Business	Mailing Address		
7077 S. TAMIAMI TRL. SARASOTA FL 34231	7077 S. TAMIAMI TRL. SARASOTA FL 34231		
	2a. Mailing Address		
2. Principal Place of Business	— <u> </u>		
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
21	26		

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90119 029 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

07/24/1997 4. FEI Number

21		26		65-0773295	Not Applicable			
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.		E Continue of Chatus Basined	\$8.75 Additional			
20		27		5. Certificate of Status Desired	Fee Required			
City & State	9	City & State	•	6. Election Campaign Financing	\$5.00 May Be			
23		28		Trust Fund Contribution	Added to Fees			
Zip	Country	Zip	Country	8. This corporation owes the current year In	tangible			
24	25	29	30	Personal Property Tax.	yZYes □No			
	9. Name and Address of Currer			10. Name and Address of New Registered	Agent			
			81 Name	e				
CANNON, JOHN K				82 Street Address (P.O. Box Number is Not Acceptable)				
7077 S. TAMIAMI TRL. SARASOTA FL 34231			82 Stree	82 Street Address (P.O. Box Number is Not Acceptable)				
			83					
			84 City	FL	85 Zip Code			
		0 1007 1500 EL 21-01-1			changing its registered			
11. Pursuant to	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such change was a	∍s, me above-name ⊔thorized by the cor	ed corporation submits this statement for the purpose of reporation's board of directors. I hereby accept the appo	intment as registered			
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flo	rida Statutés.		!			
SIGNATURE				re required when reinstation) DATE				
	Signature, typed or printed name of registered age			e required with remaining)	ND DIDECTORS IN 12			
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition			
TITLE	DP .	☐ DELETE	1.1 TITLE					
NAME	CANNON, JOHN K		1.2 NAME					
STREET ADDRESS	7077 S. TAMIAMI TRL.		1.3 STREET ADDRES	35				
CITY-ST-ZIP	SARASOTA FL 34231		1.4 CITY-ST-ZIP		The state of the s			
TITLE	V	☐ DELETE	2.1 TITLE	CANIMAL DHILLION	Change			
NAME	Gannon. Phillipa		2.2 NAME	CANNON, PHILLIPA				
STREET ADDRESS	7077 S TAMIAMI TR		2.3 STREET ADDRES	SS S				
CITY-ST-ZIP	SARASOTA FL 34231		2. 4 CITY-ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition			
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRES	ss				
			3.4. CITY-ST-ZIP					
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition			
			4 2 NAME					
NAME			4.3 STREET ADDRES	es .				
STREET ADDRESS				~				
CITY-ST-ZIP	<u> </u>	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition			
TITLE		☐ OCTEIC	5.1 IIILE 5.2 NAME					
NAME		-	5.3 STREET ADDRES	25				
STREET ADDRESS				~				
CITY-ST-ZIP		[] Devete	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition			
TITLE		☐ DELETE		•	. □ outsinge € Notation			
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRES	SS				
CITY-ST-ZIP			6.4 CiTY-ST-ZIP					
14. I hereby o	ertify that the information supplied w	ith this filing does not qualify for	r the exemption stat	ted in Section 119.07(3)(i), Florida Statutes. I further co	ertify that the information			

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.