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

Mailing Address

2a. Mailing Address

530 NEAPOLITAN WAY NAPLES FL 34103

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000064887**1. Corporation Name

Principal Place of Business

530 NEAPOLITAN WAY

**SIGNATURE** 

NAPLES FL 34103

M. JEAN RAWSON, P.A.

2. Principal Pl	ace of Business	f Business 2a. Mailing Address			4. FEI Number Applied For				
ज		26			59-3461115		Not	Applicable	
Suite, Apt.					5. Certifcate of Status Desired			\$8.75 Additional Fee Required	
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 i Added to		
Zip	Country	Zip	Country		8. This corporation owes the curr	ent vear l	ntangible		
¬ '	25	·	30		Personal Property Tax.	,		□No	
	9. Name and Address of Current		<del></del>		10. Name and Address of New F	legistere	d Agent		
	5. Italie and Address of Carrett		81	Name				· ·	
RAWSON, M. JEAN									
530 NEAPOLITAN WAY			82	82 Street Address (P.O. Box Number is Not Acceptable)					
SOU NEAL ORDING WAT			83						
NAPLES FL 34103			83						
			84	City		F	<b>L</b> 85 Zip C		
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		INOTE: I	Danietarad Agan	1 signature require	d when reinstating)	DATE		i	
40	Signature, typed or printed name of registered agent OFFICERS AND		13.	- agricultura radiana	ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTO	RS IN 12	
12.	D OFFICERS AND	DELETE	1.1 TITLE		TWANT OF		Change	☐ Addition	
TITLE	-		1.2 NAME		Y				
NAME	RAWSON, M. JEAN								
STREET ADDRESS	530 NEAPOLITAN WAY		1.3 STREET						
CITY-ST-ZIP	NAPLES FL 34103		1.4 CITY-ST	r-ZIP			☐ Change	Addition	
TITLE		_ DELETE	2.1 TITLE				Criainge	Addition	
NAME		•	2.2 NAME						
STREET ADDRESS			2.3 STREET	ADDRESS					
CITY-ST-ZIP		ana national	2. 4 CITY-S	T-ZIP					
TITLE	المنافية فرفانا	Sec. 1 Sec. 31 DELETE	3.1 TITLE				Change	☐ Addition	
NAME		•	3.2 NAME					ļ	
STREET ADDRESS	EXECUTE A L. A.		3.3 STREET	TADDRESS				25.341	
1.430	LES SE DAVID		3.4. CITY-S						
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	·· <del>'</del> <del> </del>		. 13	Change	☐ Addition	
		<u> </u>	4. 2 NAME						
NAME A F A SECTION AND A SECTI			4.3 STREET	TADORESS					
STREET ADDRESS	[12]			1	•				
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S' 5.1 TITLE	1-219			[ ] Change	Addition	
TITLE		C3 DELETE	5.2 NAME		the state of			_	
NAME			5.3 STREET	T ADDOESS	•				
STREET ADDRESS	<b>1</b> 9		i i						
CITY-ST-ZIP	33.5 m a 4.0		5.4 CITY-S	I-ZIP			Chana	□ Additio-	
TITLE	part of a state of	☐ DELETE	6.1 TITLE				☐ Change	☐ Addition	
NAME	550 M. C. M. C. C.		6.2 NAME						
STREET ADDRESS	AMELIA CINA		6.3 STREET	T ADDRESS					
CITY-ST-ZiP		•	6.4 CITY-S	T-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.

**FILED** Jan 22, 1999 8:00am **Secretary of State** 

01-22-1999 90078 001 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

07/28/1997 4. FEI Number

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