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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 25 1998 8:00am Secretary of State

DOCUMENT # P9700078205 (6) INK SPOT OF SOUTHWEST FLORIDA, INC.				
Principal Plac	e of Business	Mailing Address		
5816 TALLOWOOD CIRCLE		5816 TALLOWOOD CIRCLE		
FT MYERS FL 33919 FT MYERS FL 33919				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				09/10/1997
	lace of Business	2a. Mailing Address	4 / .	4. FEI Number Applied For
<u>  [                                   </u>	Crystol Rd.		Musel PLITA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	100	5. Certificate of Status Desired \$8.75 Additional
22 1-7-17	yeks, rc.	27 2.330 CRYST. City & State	81 FU	Fee Required
23	<del>u</del>	28 Ft Muses F	1	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees
l 7in	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 3390	25 LEE	29 33907 3	0 LEE	Personal Property Tax due June 30.  Yes X No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
AMERILAWYER CHARTERED 81 Name Keylo S. Glaser				EVID S. Glaser
343 ALMERIA AVENUE			82 Street Add	ress (P.O. Box Number is Not Acceptable)
CORAL GABLES FL 33134			581	16 Tallowood ancie
			83	
			84 City	MYECS FL 85 33919
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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 KRUM & SLOSA KEYIN S. GIASER 3-11-98				
	Signature, typed or printed name of registered agent	and title if applicable (NOTE: 5	Registered Agent signature requ	ured when reinstating) DATE
12.	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	OLACED KEVIN C	L OCCUTE	1.1 T(TLE	L Change L Adultion
NAME STREET ADDRESS	GLASER, KEVIN S 5816 TALLOWOOD CIRCLE		1.2 NAME 1.3 STREET ADDRESS	
	FT MYERS FL 33919		1.4 City-St-ZIP	j
CITY-ST-ZIP TITLE	SVD	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HUBBELI, GARY		2.2 NAME	<del></del>
STREET ADDRESS	5816 TALLOWOOD CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33919		2, 4 CITY-ST-ZIP	
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NAME			3.2 NAME	<i>%</i> ₽
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NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	ł
CITY-ST-ZIP	<u> </u>		6.4 CITY - ST - ZIP	
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4. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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.

SIGNATURE:

Kevin & Dasa

KEUMS. GLASER

3/10/98

(941)278-0800