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## Feb 22, 1999 8:00 am Secretary of State 02-22-1999 90123 023 \*\*\*150.00

## PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

	1999	DIVISION OF CO	RPORATIONS	1	
1. Corporatio	MENT # P97000	0080290			
***************************************	THE OCCUPANT OF THE OCCUPANT OCCUPANT OF THE OCCUPANT OCCUPA			A TRANSPORT OF THE MARK BANK STATE STATE STATE STATE STATE STATE STATE	:111)
					.\
Principal Plac	e of Business	Mailing Address		Limited in any and and any	
853 VANDERBILT BEACH ROAD 853 VANDERBILT BEACH ROAD			<b>ID</b>		
UNIT 247 UNIT 247 NAPLES FL 34108-8746 NAPLES FL 34108-		NAPLES FL 34108-8746		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
2 Principal D	lace of Business	2a, Mailing Address		09/15/1997 4. FEI Number Applied Fe	or .
21	1906 OLDBRIGGS	26		59-3470857 Not Applie	
Suite, Apt.	#, etc.	Sutte, Apl. #, etc.		\$8.75 Addition	
22		27		5. Certificate of Status Desired	-
City & Stat	te	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	,
Zip	Country		Country	This corporation owes the current year intangible	$\dashv$
24	25	29 30	T =	Personal Property Tax.	
	9. Name and Address of Curre			10. Name and Address of New Registered Agent	
81 Name				4RLES H. KULP	}
HARDT, FREDERICK R ESQUIRE			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
801 LAUREL OAK DRIVE				MADRID BLUD	—
SUITE 705 - SUNTRUST BUILDING, PELICAN BAY NAPLES FL 34108			83	<b>?-</b>	
71/16	12012 04100		84 City Ou	TA GORDA FL 85 Zip Code 33950	
11. Pursuant	to the provisions of Sections 607.05	02/and 607,1508, Florida Statutes.	the above-named corpo		ed
office or r	egistered agent, or both, in the State	e of Florida; Such change was auth	orized by the corporation Statutes.	ration submits this statement for the purpose of changing its register is board of directors. I hereby accept the appointment as registered	
SIGNATURE	C) Care	Cayo		Wach 18 199	17
SIDIVATORIE	Signature, typed or printed name of registered ag		gistered Agent signature required		<u></u> } ஓ
12.	OFFICERS A	ND DIREC#ORS	13. 11 mts	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE NAME	DPT KULP, CHARLES H		12 NAME		4
STREET ADDRESS	POST OFFICE BOX 445		1.3 STREET ADDRESS		
CITY-ST-ZIP	OCEAN CITY NJ 08226		14 CITY-ST-ZIP		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
TITLE	DVS	☐ DELETE	2.1 TITLE	☐ Change ☐ Ad	dition O
NAME	KULP, HELEN M		22 NAME		
STREET ADDRESS	POST OFFICE BOX 445	,	2.3 STREET ADORESS		- 1
CITY-ST-ZIP	OCEAN CITY NJ 08226	OELETE	2.4 CITY-ST-ZIP	Change Ad	dition
TITLE		C) Deceie	3.1 TITLE 32 NAME	Oxigida Civi	
NAME STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
inter-		DELETE	4.1 TITLE	Change Ad	dition
NAME			4.2 NAME		1
STREET ADDRESS			4.3 STREET ADDRESS		- 1
CITY-ST-ZIP			44 CITY-ST-ZIP	Projection Projection	
TITLE		DELETE	5.1 TITLE 5.2 NAME	Change ☐ Ad	ПОИЦ
NAME OVER ADDRESS			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	8.1 TITLE	-[] Change   Ad	dition
NAME			62 NAME	. – · <u>-</u>	- (
STREET ADDRESS			6.3 STREET ADDRESS		-
OFFI OF TO	<u>'</u>		6.4 CITY-ST-ZIP		- 1

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 of 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ING OFFICER OR DIRECTOR