PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

250 Timberlake Circle

Country

DOCUMENT # P97000084717

1. Corporation Name

2. Principal Place of Business

250 Imberlake

CRAFITECH BUILDING CORPORATION

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90155 011 ***150.00

Principal Place of Business	Mailing Address	
Principal Place of business	Medicing Addicas	
250 TIMBERLAKE CIRCLE	250 TIMBERLAKE CIRCLE	
STE #202	STE #202	<u> </u>
NAPLES FL 34104	NAPLES FL 34104	ļ D

Suite, Apt. #, etc

202

City & State

U\$

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

~10/01/1997

59-3476239

4. FEI Number

Zip 341	Country Country USA	Zip 34104 3	Country	uS	This corporati Personal Pro	ion owes the curre perty Tax.	nt year Intangil		2 500
24 7	9. Name and Address of Current		<u> </u>		10. Name and A	ddress of New Re	gistered Age	nt	
			81	Name		_			
BAILEY, CHARLES F. 250 TIMBERLAKE CIRCLE			82 Street Address (P.O. Box Number is Not Acceptable) 83						
		82							
STE #202									
NAPLES FL 34104									
			84	84 City FL 85 Zip Code					
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was autt	norized by	tne corpor	orporation submits this ation's board of director	statement for the present in the present in the statement for the present in the statement	purpose of char	nging its ent as re	registered gistered
SIGNATURE	Charles at a sixty of the sixty	t and title if applicable /NOTE: Re	saistered Agen	t signature reg	uired when reinstating)		DATE		i
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg. OFFICERS AND DIRECTORS		13.	C Ligitation of Total		HANGES TO OFF	ICERS AND D	IRECTO	ORS IN 12
TITLE	PD	DÉLÉTE	1.1 TITLE					Change	Addition
NAME	BAILEY, CHARLES F		1.2 NAME						
STREET ADDRESS	ASA TIMBERI AVE CIDCUE		1.3 STREET	ADDRESS					
	NAPLES FL 34104		1,4 CITY-ST						
CITY-ST-ZIP TITLE	SVTD	□ DELETE	2.1 TITLE			_		Change	Addition
NAME	-BAILEY, RITA A	_	2.2 NAME			•	<u> </u>		
STREET ADDRESS	ACA THAREDI AVE OIDOLE		2.3 STREET	ADDRESS					
CITY-ST-ZIP	NAPLES FL 34104		2. 4 CITY-S	T-ZIP					
TITLE		☐ DELETE	3.1 TITLE			_		Change	☐ Addition
NAME			3.2 NAME						ļ
STREET ADDRESS			3.3 STREET	ADDRESS					}
CITY-ST-ZIP			3.4, CITY-S	T-Z I P					-
TITLE		☐ DELETE	4.1 TITLE			_		Change	☐ Addition
NAME			4.2 NAME	1					
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			<u> </u>		
TITLE		☐ DELETE	5.1 TITLE			_		Change	Addition
NAME			5.2 NAME				,		ļ
STREET ADDRESS	·		5.3 STREET	ADDRESS					
CITY-ST-ZIP	}		5.4 CITY-S	T-ZIP		_			
TITLE		☐ DELETE	6.1 TITLE					Change	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS					
CITY-ST-7IP			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.

CITY-ST-ZIP