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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90036 020 \*\*\*158.75

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Principal Place of Business  2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 2. Local State Circle 2. Applied For Local State Circle 2. Suite, Apt. #, etc. 3. Durity State State Suite Suite, Apt. #, etc. 3. Durity State State Suite, Apt. #, etc. 3. Durity State State Status Desired Status State Fee Required Circle Status Desired Status Desired Status State Sta
3. Date Incorporated or Qualified 12-C9-97 11 TOUH Coffside Circle 26 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 20 Suite, Apt. #, etc. 27 City & State 28 Country 27 Country 27 Country 28 29 Country 27 Country 27 Country 38 29 Fort Myers Florida 28 29 Suite, Apt. #, etc. 29 Country 27 Country 27 Country 27 Country 38 20 Suite, Apt. #, etc. 20 Suite, Apt. #, etc. 20 Suite, Apt. #, etc. 21 City & State 22 Country 28 23 Fort Myers Florida 28 25 USA 28 26 Election Campaign Financing 58,00 May Be Added to Fees 29 27 Country 8, This corporation owes the current year Intangletic Fees 29 28 Jan 8 Personal Property Tax. 29 Personal Property Tax. 20 Personal Property Tax. 21 Property Tax. 22 Personal Property Tax. 23 Fort Myers FL 33808 25 Street Address of New Registered Agent 25 Street Address (P.O. Box Number is Not Acceptable) 26 Tour Taylor Country Country Street Agent Property Tax. 25 Fort Myers FL 33808 26 City Street Address (P.O. Box Number is Not Acceptable) 25 Tour Taylor Country Country Street Agent Property Tax. 26 Personal Property Tax. 27 Personal Property Tax. 28 Addition Property Tax. 29 Personal Property Tax. 29 Personal Property Tax. 29 Personal Property Tax. 20 Personal Property Tax. 21 Personal Property Tax. 21 Personal Property Tax. 22 Personal Property Tax. 23 Pers
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2. Principal Place of Business 2. ITO 14 Codeside Circle 28 Suite, Apt. #, etc.  South Port Myers Florida 28 Country Zip Country By Badden Trust Fund Contribution Address of Country Added to Faces  1. Fort Myers Florida 28 29 Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Country Zip Country By Badden Trust Fund Contribution Address of Registered Agent  1. Fort Myers Florida 28 1. Fort Myers Florida Status By Badden State Florida By Badden State Florida Status By Badden State Florida By Badden State Florida By Badden State Florida By Badden State Florida By Badden By B
2. Principal Place of Business 21 1 1 0 4
21   TOMM Coffside Circle   28   Suite, Apt. #, etc.   Scattle
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.
S. Certificate of Status Desired   See Required
City & State    City & State   City
Zip   Country   Zip   Country   Zip   Country   Zip   Country   S. This corporation owes the current year intangible   Personal Property Tax     Yes   RINO
Zip   Country   Zip   Country   Zip   Country   S. This corporation owes the current year Intangible   Personal Property Tax.   Yes   No
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  Lisa M. Gordes 17652 Taylor Drive Fort Myens FL 33908  82 Street Address (P.O. Box Number is Not Acceptable) 17644 City FL 85 Zip Code 33908  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 familify with, and accept the polipations of, Section 607,0505, Florida Statutes.  SIGNATURE Signature Improved name of impairmed Agent and that agent agent agent are registered Agent signature required when reinstance)  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE President Treasurer Delete 1.1 Title Corp. President Treasurer Delete 1.2 NAME Signature President Treasurer Delete 1.2 NAME NAME NAME NAME NAME NAME NAME NAME
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  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 agent. I am familiar with, and accept the polypations of Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  TYPE SIZED COMPANY AND STATE Signature required when reinstating)  OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  TYPE SIZED COMPANY AND STATE Signature required when reinstating)  OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  TYPE SIZED COMPANY AND STATE Signature required when reinstating)  OFFICERS AND DIRECTORS IN 12.  TITLE  TYPE SIZED COMPANY AND STATE SIZED S
Robert D. Harris   Street Address (P.O. Box Number is Not Acceptable)   TOUTH Consider Cincle # 903
Street Address (P.O. Box Number is Not Acceptable)   17044   Coffside Circle   12045   120
Fort Myers FL 33708  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, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, in the State of Florida. Statutes in 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or prince registered agent and the 1 applicable. (NOTE: Registered Agent signature required when reinstating)  OAFE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE President Treasurer Change Addition  NAME Lisa M. Gondos  12. NAME Agent D Harris  13. STREET ADDRESS  17653 Taylor Dr.  13. STREET ADDRESS  17654 Taylor Dr.  13. STREET ADDRESS  17694 Golfsick Circle 2403  City-ST-ZIP  TITLE  13. TITLE  14. City President Treasurer  15. Carp President Treasurer  16. Change Addition  18. Addition  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/CHANGES TO OFFICERS AND DI
### City Fort Mors FL 85 Zip Code 33808  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 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 and familiar with, and accept the objection 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  ITILE  President Tressorer  Lisa M. Gondos  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  13. TREET ADDRESS  CITY-ST-ZIP  TITLE  Carol President Tressorer  Lisa M. Gondos  12. NAME  Addition  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Addition  Addition  Addition  Addition  Addition  Change Addition
11. Putsuant 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 agent. I am lamilier with, and accept the objection of Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and the flappicable. (NOTE: Registered Agent algorithms agent
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, and the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent 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 agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NAME  12. NAME  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  13. STREET ADDRESS IN 12  14. CITY-ST-ZIP  TITLE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. CVD / President / Treasurer  17. CVD / President / Treasurer  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. NAME  10. CVD / President / Treasurer  10. Change   Addition    10. Change   Addition    10. Change   Addition    11. CVD / President / Treasurer  12. NAME  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CITY-ST-ZIP  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. CVD / President / Treasurer  17. CVD / President / Treasurer  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. CVD / President / Treasurer  19. CVD / Pre
offree or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's open or intercores. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  President Treasurer  Lisa M. Gondos  STREET ADDRESS  12. NAME  Lisa M. Gondos  13. STREET ADDRESS  14. CITY-ST-ZIP  Fort Myens PL 33908  CITY-ST-ZIP  TITLE  DELETE  21. TITLE  Carp President Treasurer  Lisa M. Gondos  13. STREET ADDRESS  14. CITY-ST-ZIP  TITLE  DELETE  22. NAME  23. STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  31. TITLE  Carp President Treasurer  Change Addition  Addition  Change Addition  Addition  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  31. STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  31. STREET ADDRESS  CITY-ST-ZIP  TITLE  Change Addition  Change Addition  Change Addition  Addition  Change Addition  Change Addition
SIGNATURE Signature, typed or printed name of registered agrent and tibe of applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE President Treasurer  NAME  Lisa M. Gondos  STREET ADDRESS  12 NAME  13 NAME  12 NAME  12 NAME  13 NAME  14 CITY-ST-ZIP  TOUL 6 off Size Cincle 2403  14 CITY-ST-ZIP  TITLE  10 DELETE  21 TITLE  22 NAME  22 NAME  22 NAME  23 STREET ADDRESS  CITY-ST-ZIP  TITLE  10 DELETE  31 TITLE  31 STREET ADDRESS  CITY-ST-ZIP  TITLE  10 DELETE  31 STREET ADDRESS  CITY-ST-ZIP  TITLE  10 DELETE  31 STREET ADDRESS  33 STREET ADDRESS  CITY-ST-ZIP  TITLE  11 DELETE  31 STREET ADDRESS  33 STREET ADDRESS  CITY-ST-ZIP  TITLE  11 DELETE  31 Change  Addition
SIGNATURE Signature, typed or printed name of registered agrent and tibe of applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE President Treasurer  NAME  Lisa M. Gondos  STREET ADDRESS  12 NAME  13 NAME  12 NAME  12 NAME  13 NAME  14 CITY-ST-ZIP  TOUL 6 off Size Cincle 2403  14 CITY-ST-ZIP  TITLE  10 DELETE  21 TITLE  22 NAME  22 NAME  22 NAME  23 STREET ADDRESS  CITY-ST-ZIP  TITLE  10 DELETE  31 TITLE  31 STREET ADDRESS  CITY-ST-ZIP  TITLE  10 DELETE  31 STREET ADDRESS  CITY-ST-ZIP  TITLE  10 DELETE  31 STREET ADDRESS  33 STREET ADDRESS  CITY-ST-ZIP  TITLE  11 DELETE  31 STREET ADDRESS  33 STREET ADDRESS  CITY-ST-ZIP  TITLE  11 DELETE  31 Change  Addition
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE President Tresorer Delete 11 title Cop! President Tresorer Change Addition  NAME Lisa M. Gondos  STREET ADDRESS 17652 Taylor Dr  TITLE Port Myers FL 33908  TITLE Cop! President Tresorer Change Addition  12 NAME Addition  13 STREET ADDRESS 17044 6045 ide Circle 2403  13 STREET ADDRESS 17044 6045 ide Circle 2403  TITLE Change Addition  NAME STREET ADDRESS  CITY-ST-ZIP CHANGE 22 NAME  22 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE CHANGE Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE CHANGE Addition  OFFICERS AND DIRECTORS IN 12  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE President Tressorer   DELETE   1.1 TITLE   C.ED   President   Tressorer   Change   Addition   NAME   Lisa   M. Gondos   12 NAME   Robert   D. Harris   STREET ADDRESS   7653   Taylor   Dr   STREET ADDRESS   13 STREET ADDRESS   17 OUL   6 olfside   Circle   \$403   TITLE   DELETE   DELETE   TITLE   NAME   22 NAME   STREET ADDRESS   2.3 STREET ADDRESS   CITY-ST-ZIP   DELETE   3.1 TITLE   TITLE   DELETE   3.1 TITLE   STREET ADDRESS   STREET ADDRESS   3.3 STREET ADDRESS   STREET ADDRESS   STREET ADDRESS   3.3 STREET ADDRESS   CITY-ST-ZIP   DELETE   Addition   NAME   32 NAME   STREET ADDRESS   CITY-ST-ZIP   Addition   Change   Addition   Addition   Addition   Change   Change
NAME Lisq M. Gondos STREET ADDRESS 12 NAME STREET ADDRESS CITY-ST-ZIP Fort Myers FL 33908  14 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  STREET ADDRESS CITY-ST-ZIP TITLE  DELETE  21 TITLE 22 NAME 22 NAME 22 NAME 23 STREET ADDRESS CITY-ST-ZIP TITLE  DELETE  31 TITLE 32 NAME 32 NAME STREET ADDRESS CITY-ST-ZIP  32 NAME 33 STREET ADDRESS CITY-ST-ZIP  Change Addition
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TITLE DELETE 6.1 TITLE Change Addition
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STREET ADDRESS  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP

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 corposation 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.

SIGNATURE:

Robert D Harris