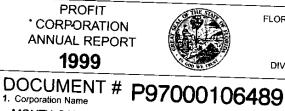
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** \*CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90001 010 \*\*\*150.00



INOM	IT SANHAHON INC.										
							A T <b>ar</b> ia <b>n</b> a ay <b>a</b> e <b>r</b> ana a <b>r</b> ah <b>ar</b> ah	<b>11</b> 111 <b>1111</b> 11	<b>Jil Bakk a</b> lek	<b>8/88</b> ) 18/18 (8)	
1	Place of Business	Mailing Address						<i>in <b>i i</b>liki i</i> in i			
SSAS CHIDIEV CENTER			5 SHIRLEY STREET				-	EBILL #8181 101	nie muesm mille	Biggi iBild (Bil	1881
1447 223 12	34109		PLES FL 34109								
							DO NOT W	RITE IN TH	IIS SPACE		
							<ol><li>Date Incorporated or Qualife</li></ol>	d			
	l Place of Business	2a.	2a. Mailing Address				01/01/1998				
21 Suite A		26	<del></del>				4. FEI Number	`~		Applied Fo	
22 Suite, A	ot. #, etc.		Suite, Apt. #, etc.				59-349-170	とし	П	Not Applica	
	tate	27					5. Certifcate of Status Desired			5 Additiona	d
23	*-	$\overline{}$	City_&_State				-6. Election Campaign Financing			Required	
Zip	Country	28					Trust Fund Contribution		\$5.0	00 May Be	
24	25	<del></del>	2ip	Country	/		8. This corporation owes the cu	Tent year I	Adde	ed to Fees	
	9. Name and Address of Curr	ent Registe	rod Acous	30			Personal Property Tax.		☐ Yes	× No	
			reu Agent				10. Name and Address of New	Registered	Agent		
MC	NTGOMERY, ROBERT MARVIN	SR.		81	Na	me					_
554	IS SHIRLEY STREET			82	Str	eet Addres	s (P.O. Box Number is Not Accept	able)			
NA	PLES FL 34109			83							
				03							_
				84	City	, — — —			85 Zia	p Code	
11. Pursuan	t to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.	1508, Florida Statute	es, the above	-nam	ed comerc	4i t 11 11 11 11 11 11 11 11 11 11 11 11 1	FL	_   65   21	b Code	
agent. I a	rio the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. ations of, S∈	Such change was at	uthorized by	the co	prporation's	s board of directors. I hereby acces	purpose of	changing i	its registered	ī
SIGNATURE				nda Statutes.			,	n aro appoi	munem as i	registered	
12.	Signature, typed or printed name of registered age	ent and title if app	licable. (NOTE:	Registered Agent	signatu	re required wh	en reinstation)				ļ
TITLE	OFFICERS AI	ND DIRECT	URS	13.			ADDITIONS/CHANGES TO OF	DATE EICEDS AN	D DIDEOT		_
NAME	MONTGOMERY, ROBERT MAR	N/INL ID	DELETE	1.1 TITLE				IOLING AN	Change		_
STREET ADDRESS	5545 SHIRLEY STREET	WIN JH		1.2 NAME					v.i.a.i.go		וונ
CITY-ST-ZIP	NAPLES FL 34109			1.3 STREET A	ADDRES	ss					1
IIILE	ST		☐ DELETE	1.4 CITY-ST-	ZIP	<b>_</b>					
AME	MONTGOMERY, ROBERT MAR	VIN CD	C DELETE	2.1 TITLE		İ	<u></u>		Change	Additio	$\frac{1}{2}$
TREET ADDRESS	5545 SHIRLEY STREET			2.2 NAME					_		1
CITY-ST-ZIP	NAPLES FL 34109			2.3 STREET A		s					1
LLTE			☐ DELETE	2. 4 CITY-ST- 3.1 TITLE	ZIP						1
AME				3.2 NAME		1			☐ Change	☐ Additio	<u></u>
TREET ADDRESS				3.3 STREET AL	DDEEC						1
TY-ST-ZIP				3.4. CITY-ST-2		1	· -			•	1
TLE			☐ DELETE	4.1 TITLE	<u> </u>	<del> </del> -					
AME				4. 2 NAME					Change	☐ Addition	7
REET ADDRESS				4.3 STREET AD	DRESS						1
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ME			☐ DELETE	5.1 TITLE				<del></del> ;			1
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Y-ST-ZIP				5.3 STREET ADI		}					İ
LE LE				5.4 CITY-ST-ZIF							
ME			☐ DELETE	6.1 TITLE					Change	Addition	-
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Y-ST-ZIP				6.3 STREET ADD							ļ
. I hereby cer	tify that the information			6.4 CITY-ST-ZIP	·						J

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 effect 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.

SIGNATURE:

941-597-2486