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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000108734

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90078 029 ***150.00

Principal Place 2318 BENGAL (COMPARE)	EN, INC. e of Business COURT	Mailing Address 2318 BENGAL COURT PUNTA GORDA FL 33983						
PUNTA GORDA FL 33983 PUNTA GORDA FL 33983					DO NOT WRITE IN THIS SPACE			
1				3. Date in	corporated or Qualifed	1		
					/1998	=		
·		10.11.		4. FEI Nu				
	Place of Business	2a. Mailing Address		J	-08043g	7a		plied For
	BY BOILVAY DR	26 25184 B	DIVAC DE	2 65	-080 13	<u> </u>		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifo	ate of Status Desired			Additional equired
City & Stat	le	City & State			n Campaign Financing	·	- \$5.00	May Be -
23 PUN	ta Gorda, FL	28 Punta Go	orda, +L	Trust F	und Contribution		Added	o Fees_
Zip	Country	Zip	Country	8. This co	propration owes the cu	rrent vear li	ntangible	
24 33	983 25	29 33983	30	ſ	al Property Tax.		☐Yes	□No
	9. Name and Address of Curren				and Address of New	Registered	1 Agent	
	<u> </u>		81 Name					
ROS	ENBAUM, MAUREEN							
	BENGAL COURT				Number is Not Accep	table)		
	ITA GORDA FL 33983			<u> 5184 B</u>	olivar D	XZ		
PUN	IIA GUNDA FL 33963		83					
			Q4 Cib.				les Zin	Codo
			84 City	unta Go	ada.	·F	L 85 Zip	Code 3.9 &3
11 Pursuant	to the provisions of Sections 607.050	2 and 607 1508. Florida Statut	hemen_avode and se	compration submit	ts this statement for the	e purpose (of changing its	registered
office or r agent, I a	registered agent, or both, in the State or familiar with, and accept the obligation	of Florida. Such change was a tions of, Section 607,0505, Flo	uthorized by the corporida Statutes.	oration's board of o	lirectors. I hereby acce	pt the app	ointment as re	gistered -
	1 🗸						/14/	
SIGNATURE		Karon Star					114/	19_
	Signature, typed or printed name of registered agen		Registered Agent signature re	equired when reinstating)		DATE	/14/	99
12.	Signature, typed or printed name of registered agen OFFICERS AN	D DIRECTORS	Registered Agent signature in	equired when reinstating)	DNS/CHANGES TO O	DATE	ND DIRECTO	ORS IN 12:
12. TITLE	Signature, typed or printed name of registered agen OFFICERS AN D		13.	equired when reinstating)		DATE	/14/	99
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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.

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

14/49

Daytime Phone #