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

DOCUMENT # P9800000027 1. Corporation Name

SCREENED IN, INC.

Principal Place of Business

Mailing Address

1222 SE 36TH TERR CAPE CORAL FL 33904

21

2. Principal Place of Business

Suite, Apt. #, etc.

1222 SE 36TH TERR CAPE CORAL FL 33904

2a. Mailing Address

Suite, Apt. #, etc.

26

May 05, 1999 8:00 am Secretary of State

05-05-1999 90193 026 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Not Applicable

■.f

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

12/31/1997 4. FEI Number

65-0808285

22		27					- 1					ree N	
City & State	e	<u> </u>	City & State					6. Election	Campaign	Financing	П	\$5.00	May Be
23		28						Trust Fo	und Contribu	ıtion		Added	to Fees
Zip	Country		Zip	Cot	ıntry			8. This co	poration ow	es the cur	rrent year Inta		_
24	25	29		30					al Property			Yes	□No
	9. Name and Address of Current	Regis	stered Agent		ļ		1	0. Name a	and Addres	s of New	Registered A	\gent	
Ph. 12 & 1					81	Name							
RYAN, DEBORAH JEAN 1222 SE 36TH TERR					82 Street Address (P.O. Box Number is Not Acceptable)								-
CAPI	E CORAL FL 33904				83								
					84	City						85 Zip	Code
					04	City					FL	183 Zip	0000
11. Pursuant	to the provisions of Sections 607.0502	and 6	607,1508, Florida Statu	tes, the a	bove	-named c	corpora	tion submit	s this staten	ent for the	e purpose of o	changing its	registered
office or re	registered agent, or both, in the State of m familiar with, and accept the obligation	f Flori	ida. Such change was a	uthorize	d by t	the corpor	ration's	board of d	rectors. I he	ereby acce	ept the appoin	tment as re	egistered
	III lanina wiii, and accept the obligation					D. A					4/-2x	-29	
SIGNATURE	Signature yped or printed name of registered agent	and title		Registere	i Agent	t signature rec	quired wh	en reinstating)			4/ - 2 X		
12.	OFFICERS AND			13.				ADDITIO			FFICERS AN	D DIRECTO	ORS IN 12
TITLE	D		☐ DELETE	1.1 T	TLE		Œί	ce pr	esider	17		☐ Change	Addition
NAME	RYAN, DEBORAH JEAN			1.2 N	AME	ļ	R	obent	BYAG	1	-ر ۸ م رد		
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NAME				2.2 N	AMF	1							
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CITY-ST-ZIP TITLE			☐ DELETE	3.1 T		1-21						Change	☐ Addition
J				32 N		1						_ •	_
NAME						ADDRESS							
STREET ADDRESS													
CITY-ST-ZIP			DELETE	3.4 C	TY-ST	1-219						☐ Change	Addition
TIFLE													
NAME				ı	IAME 								
STREET ADDRESS	}					ADDRESS							
CITY-ST-ZIP			□ pri ctr		TY-ST	-ZIP						☐ Change	☐ Addition
TITLE			☐ DELETE	5.† T								□ ⇔ininge	
NAME				5.2 N		ADDOCAC							
STREET ADDRESS						ADDRESS							
CITY-ST-ZIP				_	ITY-ST	-ZIP						F7.05	
TITLE			☐ DELETE	6.1 T		1						Change	☐ Addition
NAME				6.2 N									
STREET ADDRESS						ADDRESS							
	l l			6.4 C	ITY-ST	r-ZIP							
CITY-ST-ZIP	certify that the information supplied with												

Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Deborah