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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800000971

WIEBEL, HENNELLS & COMPANY, INC.

| , | | | | | | |
|--|--|---|---|--|---|--|
| Principal Place | of Business | Mailing Address | | I INSTINCT II INTERIOR INTERIOR | e Bütti maitt matt entre entre te | |
| 9240 BONITA B | EACH ROAD | 9240 BONITA BEACH ROAD | | | | |
| SUITE 3305 | | SUITE 3305 | | DO NOT WRITE | E IN THIS SPACE | |
| BONITA SPRINGS FL 34135 | | BONITA SPRINGS FL 34135 | | 3. Date Incorporated or Qualifed | | |
| | | | | 01/06/1998 | | |
| 2. Principal Pi | ace of Business | 2a. Mailing Address | | 4. FEI Number | Apr | olied For |
| 21 | | 26 | | 59-3500605 | Not | Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | _ 4 | 5. Certifcate of Status Desired | □ \$8.75 A | |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Rec | quired |
| City & State | 9 | City & State | | 6. Election Campaign Financing | \$5.00 | |
| 23 | | 28 | | Trust Fund Contribution | Added to | o Fees |
| Zip | Country | Zip | Country | 8. This corporation owes the curre | | ΜNo |
| 24 | 25 | 29 30 | <u> </u> | Personal Property Tax. 10. Name and Address of New Ro | | AINO |
| | 9. Name and Address of Current | Registered Agent | 81 Name | IV. Name and Address of New N | egistered Agent | |
| AMERILAWYER | | | Dog | uglas E. Wieb | 3E L | |
| 1 | ALMERIA AVENUE | | 82 Street Add | ress (P.O. Box Number is Not Acceptate O BON 1 TA BEACH | ROAD | |
| COR | AL GABLES FL 33134 | | 83 | 22. | ICC// P | |
| | | | 1 1 | | | |
| | | | 1 1 | ONITA SPRINGS | | Code 135 |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statutes, | nonzed by the corporation | poration submits this statement for the poor's board of directors. I hereby accept | ourpose of changing its t the appointment as reg | registered gistered |
| | | | | | | |
| agent. I a | m familiar with, and accept the obligati | ions of, Section 607.0505, Florid | a Statutes. | | 1 1- | |
| agent. I a | m familiar with, and account the obligati | ions of, Section 607.0505, Florid DOUGTAS_E | a Statutes. E,WIEBE | L PRESIDENT | 1/11/99 | |
| agent. I a | m familiar with, and account the obligation of the collection of the state of the s | ons of, Section 607.0505, Florid DOUGTAS E and title if applicable (NOTE: Re | a Statutes. E. WIEBER gistered Agent signature require | L PRESIDENT | 1/11/99 DAFE | |
| agent. I a | m familiar with, and accept the obligate Signature, type or printed name of registered agent OFFICERS AND | ons of, Section 607.0505, Florid DOUGTAS E and title if applicable (NOTE: Re | a Statutes. C. WIEBER agistered Agent signature require 13. | L PRESIDENT | 1/11/99 DAFE | |
| agent. I a | m familiar with, and accept the obligate Signature, type of printed name of registered agent OFFICERS AND | ons of, Section 607.0505, Florid DOUGTAS & and title if applicable (NOTE: Re D DIRECTORS | a Statutes. C. WIEBER egistered Agent signature require 13. 1.1 TITLE | L PRESIDENT | 1/11/99 DATE ICERS AND DIRECTO | RS IN 12 |
| agent. I at SIGNATURE 12. TITLE NAME | m familiar with, and accept the obligate Signature, type of printed name of registered agent OFFICERS AND WIEBEL, DOUGLAS E | ons of, Section 607.0505, Florid DOUGTAS & and title if applicable (NOTE: Re D DIRECTORS | a Statutes. C. W. (E.B.E.) gistered Agent signature require 13. 1.1 TITLE 1.2 NAME | L PRESIDENT | 1/11/99 DATE ICERS AND DIRECTO | RS IN 12 |
| agent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS | Signature, type of printed name of registered agent OFFICERS AND WIEBEL, DOUGLAS E 9240 BONITA BEACH ROAD | ons of, Section 607.0505, Florid DOUGTAS & and title if applicable (NOTE: Re D DIRECTORS | a Statutes. C. W.E.B.E. argistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | L PRESIDENT | 1/11/99 DATE ICERS AND DIRECTO | RS IN 12 |
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CITY-ST-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.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

STREET ADDRESS

DOUGLAS E. WIEBEL

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90017 005 ***150.00