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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000012912

Principal Place of Business	Mailing Address	
602 COLONIA LANE NOKOMIS FL 34275	602 COLONIA LANE NOKOMIS FL 34275	
w.		

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90100 043 ***150.00

MICA MA	agic of southwest	FLORIDA, INC.								
Principal Place	e of Business	Mailing A	ddress				16011601 10101 10111	00111 TO111 BUID!		
602 COLONIA LANE 602 COLONIA LANE										
NOKOMIS FL 34275 NOKOMIS FL 34275					ļ					
-	nero	770.100				1	DO NOT W	RITE IN THIS	SPACE	
						Ī	3. Date Incorporated or Qualif	ed		
							02/09/1998			
2. Principal Pl	lace of Business	2a. Mailing	g Address			$\neg \uparrow$	4. FEI Number	·	Ap	plied For
21		26					65-0817844		No	t Applicable
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.				5. Certifcate of Status Desired		\$8.75	
22	•	27					3. Certificate of Ciatos Besilico		Fee Re	equired
City & State	e .	City &	State				6. Election Campaign Financir	^{ig} \square	\$5.00	May Be
23		28					Trust Fund Contribution		Added	to Fees
Zip	Country	Zip		Coun	try	J	8. This corporation owes the o	urrent year Int		_
24	25	29		30			Personal Property Tax.	<u> </u>	Yes	□No
	'9. Name and Address of	Current Registered A	gent		- 		10. Name and Address of New	w Registered	Agent	
D0D	NA LOCEDIA I			18	Name					Ì
	NA, JOSEPH J			1	32 Street	Address	s (P.O. Box Number is Not Acce	eptable)		
	W BAFFIN DRIVE							<u> </u>		
VENI	ICE FL 34293			Ĩ	33					
				-	4 City				85 Zip	Code
					1		.7	FL	.	J
agent. I a	to the provisions of Sections of registered agent, or both; in the im familiar with, and accept the	e State of Florida. Such e obligations of, Section	3, Florida Statute h change was au n 607.0505, Flor	s, the about horized lida Statut	ove-named by the corp es.	corpora oration's	ation submits this statement for t s board of directors. I hereby ac	cept the appoi	intment as re	gistered
agent. I a SIGNATURE	to the provisions of Sections of registered agent, or both, in the im familiar with, and accept the Signature, typed or printed name of regist	obligations of, Section	n 607.0505, Flor	10a Siatut	es.		hen reinstating)	DATE		
agent. I a SIGNATURE	Im familiar with, and accept the	obligations of, Section	e. (NOTE:	10a Siatut	es.			DATE	ND DIRECTO	ORS IN 12
agent. I a SIGNATURE	Signature, typed or printed name of regist OFFICE	tered agent and title if applicable	e. (NOTE:	Registered A	gent signature i		hen reinstating)	DATE		
agent. I a SIGNATURE	Signature, typed or printed name of regist OFFICE D DORIA, JOSEPH J	tered agent and title if applicable	e. (NOTE:	Registered A	gent signature i		hen reinstating)	DATE	ND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of regision OFFICE D DORIA, JOSEPH J 531 W BAFFIN DRIVE	tered agent and title if applicable	e. (NOTE:	Registered A 13. 1.1 TITL 1.2 NAM	gent signature i	required wh	hen reinstating)	DATE	ND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of regist OFFICE D DORIA, JOSEPH J	tered agent and title if applicable	(NOTE:	Registered A 13. 1.1 TITL 1.2 NAW	gent signature	required wh	hen reinstating)	DATE	ND DIRECTO	ORS IN 12 ☐ Addition
agent. Ta SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of regision OFFICE D DORIA, JOSEPH J 531 W BAFFIN DRIVE	tered agent and title if applicable	e. (NOTE:	Registered A 13. 1.1 TITL 1.2 NAW	es. E E E E E T T T T T T T T	required wh	hen reinstating)	DATE	ND DIRECTO	ORS IN 12
agent. Ta SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of regision OFFICE D DORIA, JOSEPH J 531 W BAFFIN DRIVE	tered agent and title if applicable	(NOTE:	Registered A 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY	gent signature i E E EET ADDRESSST-ZIP E	required wh	hen reinstating)	DATE	ND DIRECTO	ORS IN 12 ☐ Addition
agent. Ta SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of regision OFFICE D DORIA, JOSEPH J 531 W BAFFIN DRIVE	tered agent and title if applicable	(NOTE:	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW	gent signature i E E EET ADDRESSST-ZIP E	required wh	hen reinstating)	DATE	ND DIRECTO	ORS IN 12 ☐ Addition
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agent. Ta SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of regision OFFICE D DORIA, JOSEPH J 531 W BAFFIN DRIVE	tered agent and title if applicable	(NOTE:	Registered A 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR	gent signature i E E E E E E E E T A D R E E E E E E E E E E E E E E E E T A D R E S S T A D R E S T A D R E S T A D R E S S T A D R E S S T A D R E S S T A D R E S S T A D R E S S T A D R E S S T A D R E S S T A D R E S S T A D R E S S T A D R E S S T A D R E S T A	required wh	hen reinstating)	DATE	ND DIRECTO	ORS IN 12 ☐ Addition
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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: Y