

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90023 022 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P98000016281**

1. Corporation Name

**ADVANCED BRETT'S MOBILITY CENTER, INC.**



Principal Place of Business

**1600 EDITH ESPLANADE  
CAPE CORAL FL 33904**

Mailing Address

**1600 EDITH ESPLANADE  
CAPE CORAL FL 33904**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/18/1998**

4. FEI Number

**650819120**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year tangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

**560 Pine Island Rd #2**

2a. Mailing Address

**560 Pine Island Rd #2**

Suite, Apt. #, etc.

**N Ft Meyers, FL**

Suite, Apt. #, etc.

**N Ft Meyers, FL**

City & State

**33903 Lee**

City & State

**33903 Lee**

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**GUNN, SALLY ANN  
1600 EDITH ESPLANADE  
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

81 Name

**Deborah M Brett**

82 Street Address (P.O. Box Number Not Acceptable)

**3355 E 46th La**

83 City

**Cape Coral, FL**

84 City

**Cape Coral, FL**

FL

85

Zip Code

**33904**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, and I, the undersigned, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: **Deborah M. Brett**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/20/99**

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

**D  
GUNN, SALLY ANN  
1600 EDITH ESPLANADE  
CAPE CORAL FL 33904**

TITLE ☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME ☐ Change ☒ Addition

1.3 STREET ADDRESS ☐ Change ☒ Addition

1.4 CITY-ST-ZIP ☐ Change ☒ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: **Deborah M. Brett**

SIGNATURE TYPED OR PRINTED

**4/20/99**

DATE

**941-997-3000**

DAYTIME PHONE #

CR2E034 (11/98)