1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000025712

1. Corporation Name

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90106 020 ***150.00

Principal Place 9770 MAINSAIL FORT MYERS F	e of Business COURT	Mailing Address 9770 MAINSAIL COURT FORT MYERS FL 33919		DO NOT WRIT	E IN THIS SPACE	
				3. Date Incorporated or Qualifed 03/19/1998		
2. Principal P	Place of Business	2a. Mailing Address	······································	4. FEI Number 65 - 082627	App	lied For
21		26	····	65-002021		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
City & Stat		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 r	•
Zip	Country	Zip	Country	This corporation owes the curre Personal Property Tax.	nt year Intangible	
24	9. Name and Address of Curre			10. Name and Address of New R		
WINER, STEVEN I 12800 UNIVERSITY DRIVE SUITE 600 FORT MYERS FL 33907		82 Street Add	dress (P.O. Box Number is Not Acceptal			
						ada
44 Dureupet	to the provisions of Sections 607 056	02 and 607 1508. Florida Statutes, t	84 City	rogration submits this statement for the	FL 85 Zip C	registered
office or t	registered agent, or both, in the State am familiar with, and accept the obligations of registered age	ent and title if applicable. (NOTE: Reg	the above-named corporated by the corporate Statutes.		purpose of changing its the appointment as reg	registered gistered
office or a agent. I a	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	ent and title if applicable. ND DIRECTORS	the above-named corporate by the corporate Statutes. 13.	red when reinstating) ADDITIONS/CHANGES TO OFF	DATE	registered pistered
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	ent and title if applicable. (NOTE: Reg	the above-named corporate by the corporate Statutes. iistered Agent signature requirements 13. 1.1 TITLE	red when reinstating)	purpose of changing its the appointment as reconstruction of the appointment as recon	registered pistered
office or a agent. I a SIGNATURE 12. TITLE NAME	registered agent, or both, in the State am familiar with, and accept the obligation of registered age OFFICERS AI ORGUBER, BAYLIS M	ent Florida. Such change was authorations of, Section 607.0505, Florida ent and title if applicable. (NOTE: Reg ND DIRECTORS	the above-named corporate Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	red when reinstating) ADDITIONS/CHANGES TO OFF	purpose of changing its it the appointment as reg	registered pistered RS IN 12
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office or in agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	ent and title if applicable. (NOTE: Reg ND DIRECTORS DELETE	the above-named corprized by the corporat Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	red when reinstating) ADDITIONS/CHANGES TO OFF	purpose of changing its it the appointment as reg	RS IN 12 Addition
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office or i agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	ent and title if applicable. (NOTE: Reg ND DIRECTORS DELETE	the above-named corporate by the corporate Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	red when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRECTO	registered jistered RS 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

BRUBER

Change

☐ Addition