1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P98000026108

1. Corporation Name

Principal Place of Business	ман
% 6100 ESTERO BLVD. FT MYERS BEACH FL 33931	% 61 FT M

## **FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90153 044 \*\*\*150.00

Principal Place % 6100 ESTERC FT MYERS BEA	O BLVD.	Mailing Address % 6100 ESTERO BLVD. FT MYERS BEACH FL 33931		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
21	lace of Business	2a. Mailing Address		1	lied For Applicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  27			5. Certificate of Status Desired	uired	
City & State		City & State  28  Zip	Country	6. Election Campaign Financing Trust Fund Contribution Added to	
Zip 24	Country  25  9. Name and Address of Curren	29 3	_	8. This corporation owes the current year Intangible Personal Property Tax. Yes   10. Name and Address of New Registered Agent	o
6100 FT M	TER, RICHARD T ESTERO BLVD. IYERS BEACH FL 33931		83 84 City	ess (P.O. Box Number is Not Acceptable)  FL 85 Zip Co	
office or t	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligation of the obligation of the state of the obligation of the state of th	of Florida. Such change was autitions of, Section 607.0505, Florid	horized by the corporation		stereo -
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Change	S IN 12 Addition
NAME STREET ADDRESS	PD Patton, Ken % 6100 Estero Blvd. Ft Myers Beach Fl 33931	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP	Ċ Ousuide	
TITLE  NAME  STREET ADDRESS	STD PATTON, EILEEN % 6100 ESTERO BLVD.	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	FT MYERS BEACH FL 33931	☐ DELETE	2. 4 CITY- ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	☐ Change	Addition
CITY-ST-ZIP TITLE NAME		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	Change	Addition
STREET ADDRESS			6.3 STREET ADDRESS		

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.

TED NAME OF SIGNING OFFICER OR DIRECTOR