PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000027985

1. Corporation Name

CARDEN LANE OF FLORIDA INC.

GARDEN	I LANE OF FLORIDA, INC.									
Principal Place	e of Business	Mailing Address				L IMPLIED IN A 18-91 (BIT) A 81111			10101 2111 1001	
9715 HWY 92 E		P.O. BOX 311572								
TAMPA FL 33610 TAMPA FL 33608					DO NOT WE	ITT IN THIS	OGACE			
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Ì						3. Date Incorporated or Qualifer			ŀ	
						03/24/1998			aliant Fam	
	tace of Business	2a. Maiting Addre	188			4. FEI Number 59-3504143		<u> </u>	plied For t Applicable	
21		26				91-300-113		\$8.75 A		
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.		•	5. Certificate of Status Desired		Fee Re		
22		City 9 State				A Stanton Company Financian			May Be	_
i City & State City & State						Election Campaign Financing Trust Fund Contribution		Added t		
23	Country	28 Zip	Co	ountry		8. This corporation owes the cur	rent vear int			
Zip	· · · · ·	 -	30	,,		Personal Property Tax.	TOTA YOUR INC	Yes	□No I	
24	9. Name and Address of Curre	29 29 Appent	[30]	τ^-		10. Name and Address of New	Registered	Agent		Į
	S. MAINE BIIG AUGIESS OF COITE	in Registated regent		81	Name					l
THAC	CKER, RICKY L			82						İ
	WEST LUMSDEN ROAD					dress (P.O. Box Number is Not Accept	table)			ł
1	NDON FL 33511			83		 -				l
,				"						1
l				84	City	-	FI	85 Zip (code	
<u> </u>										
11 Purement	to the provisions of Sections 607 05	02 and 607.1508. Florid	a Statutes, the	above-i	·	rporation submits this statement for th	autroone of	changing its	registered	
office or n agent. I as	registered agent, or both, in the State am familiar with, and accept the obliga-	ations of, Section 607.0	505, Florida Sta	atutes.	named co he corpora	rporation submits this statement for the tion's board of directors. I hereby according to the tion of	purpose of pt the appoi	changing its niment as rec	registered pistered	
office or n agent. I as SIGNATURE	registered agent, or both, in the State im familiar with, and accept the obligi Signesie, houd or printed name of registered ag	ent and trie if applicable.	505, Florida Sta	atutes.	named co he corpora	ared when reinstating)	purpose of pt the appoi			(86)
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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 irustee 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. CITY-ST-ZIP

6.4 CITY-ST-ZIP

STREET ADDRESS

NING OFFICER OR DIRECTOR

8/3-6-30-4040

May 10, 1999 8:00 am Secretary of State

05-10-1999 90069 047 ***150.00