PROFIT CORPORATION



FLORIDA DEPAF:TMENT OF STATE

Country

82

83

84 City

1.1 TITLE

12 NAME

2.1 TTLE

22 NAME

3.1 TITLE

32 NAME

4.1 TITLE

4. 2 NAME

5.1 DTLE 52 NAME

6.1 TITLE

6.2 NAME 8.3 STREET ADDRESS

1.3 STREET ADDRESS

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

54 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4, CITY-ST-ZIP

2.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

Name

30

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

2a. Mailing Address

City & State

ZiD

Suite, Apt. #, etc.

DELETE

DELETE

DELETE

DELETE

☐ DELETE

DELETE

26

27

28

29

OFFICERS AND DIRECTORS

1999

ANNUAL REPORT

DOCUMENT # P98000028532 Corporation Name

RELEEF, INC.

2. Principal Place of Business

Suite, Art. #, etc.

City & State

21

22

23

24

Ζiρ

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY ST ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

12.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

NAME

Principal Place of Business	Mailing Address
950 MOODY 30.,#134	950 MOODY RD.#134
FT. MYERS FL 33900	FT. MYERS FL 33903

Coun ry

Signature, typed or printed ha me of registered agent and title if ap-

9. Name and Address of Current Registered Agent

25

WINSLOW, CARL H JR.ESQ.

WEST, CHUCK

HILLS, SCOTT

HILLS, SCOTT

PCE0

8880 STAGHORN WAY

FT. MYERS FL 33908

950 MOODY RD.,#134

FT. MYERS FL 33903

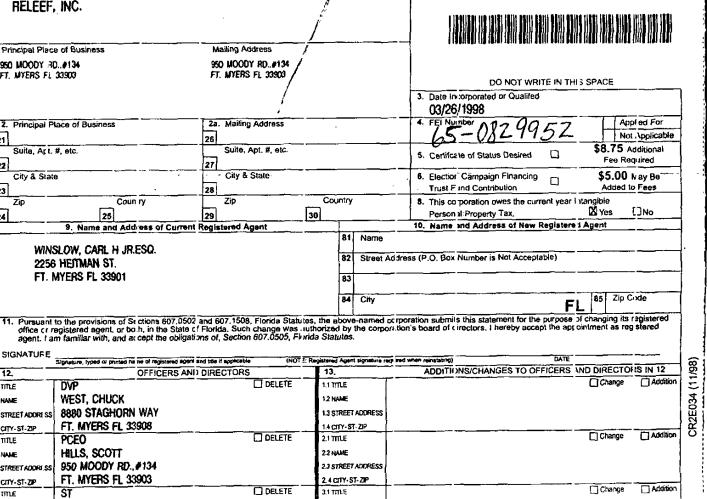
950 MOODY RD. #134

FT. MYERS FL 33903

2256 HEITMAN ST. FT. MYERS FL 33901

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

04-29-1999 90071 032 ***150.00



6.4 CITY-ST-ZIP This filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 14. I hereby certify that the information indicated on this annual report of a qualified and accurate and that my signature shall have to apply institute as if made under oath; that am an very or trustee empowered to execute this report as nequired by Chap er 607. Florida Statutes; and that my name appears in office or director of the corp Block 12 or Block 13 if chan

SIGNATURE:

NITED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99

941/656-0121

Thange

Change

Change

Addition

☐ Addition

Addition