ECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000030219

FILED Jul 08, 1999 8:00 am Secretary of State

07-08-1999 90020 016 ***550.00



Incipal Place of Business 32 S.E. 44TH STREET APE CORAL FL 33904 Principal Place of Business 2a. Mailing Address CAPE CORAL FL 33904 Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State						DO NOT WRITE 3. Date incorporated or Qualified 03/30/1998 4. FEI Number 59 ~ 3500920 5. Certificate of Status Desired 6. Election Campaign Financing	IN THIS SPACE		
		28				Trust Fund Contribution	Add	ded to Fees	
Zip Country		Zip	1 -			8. This corporation owes the current year Intangible Personal Property. Yes No		⊠ No	
	9. Name and Address of Curren			Γ		10. Name and Address of New Reg			
BLASENA, GERALD W 1732 S.E. 44TH STREET CAPE CORAL FL 33904				82 S 83	Dity	ess (P.O. Box Number is Not Acceptable) FL 85 Zip Code			
GNATURE	Signature, typed or printed name of registered ages		(NOTE: Registe 13. E 1.1 TI 1.2 N/	red Agent	t signature require	tion submits this statement for the purp i's board of directors. I hereby accept to be when reinstating) ADDITIONS/CHANGES TO OFFICE	10-99 DATE	CTORS IN 12	
V-ST-ZIP Æ ME MEET ADDRESS Y-ST-ZIP	D BLASENA, MARY L 1732 S.E. 44TH STREET CAPE CORAL FL 33904	DELET	E 2.1 TI 2.2 N/ 2.3 ST 2.4 CI	AME REET ADD TY-ST-ZIP	DRESS		Cha		
LE ME ME MET ADDRESS Y-ST-ZIP LE	3.4.C DELETE 4.117		AME REET ADD TY-ST-ZIP TLE			Cha			
ME EET ADDRESS Y-ST-ZIP E		DELET	4.4 CE 5.1 TF 5.2 NA	REET ADD TY-ST-ZIP TLE AME	,		Cha	nge Addition	
EET ADDRESS Y-ST-ZIP .E AE EET ADDRESS		DELET	5.4 CF E 6.1 TF 6.2 NA				Cha	nge Addition	
Y-ST-ZIP	rtify that the information supplied with	this filing does not qualify	6.4 CI	TY-ST-ZIP	,	on 119.07(3)(i), Florida Statutes. I furthe	er certify that the	information	

indicated on this annual report or sypplemental 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.

IGNATURE: _

6-30-95 94/-579-34/2 Date Dayline Phone #