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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000033681

1. Corporat	ion Name	,0000.					
SPECIA	AL ORDERS, INC.	•	·				
Principal Pla	ace of Business	Mailing Address			' MAILL ORSIS DRIST ORIDO INSOPTIALISMO		
2198 MAIN S SARASOTA F		2198 MAIN STREET SARASOTA FL 34237		DO NO	OT WRITE IN THIS SPACE		
				04/13/1998	ualifed		
2. Principal	Place of Business	2a. Mailing Address 26 6371-4	residential C	4. FEI Number 65-0834			
Suite, Ap	ot. #, etc.	27		5. Certifcate of Status Des	Fee L		
City & St	ate			· · ·	1 1		
Zip	Country 25	Zip 29 33919	Country 30	Personal Property Tax.	Yes		
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of	New Registered Agent		
JA	ENSCH. P. CHRISTOPHER						
1			82 Street A	ddress (P.O. Box Number is Not	Acceptable)		
SA	ARASOTA FL 34237		83	0371-4 Presider	tial Ct.		
			84 City	Fort Myons	FL. 85 2		
11. Pursua office o	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/13/1998 ipal Place of Business 2a. Mailing Address 2b. C371-1 2c						
SIGNATUR	E Anghew D	· thessen	Ndrew G	, Jessen	4/6/99		
(Signature, typed or printed name of registered ag	ети вли цие и аррисарие. (NO	E. Payereran Adem signature rec	(An An Andreas (an organis)			

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90080 037 ***150.00

Applied For

. Principal Pi	ace of Business	26 6371-1	مريم	ntial C	1 65	一〇Q34370)	_ 	Applicable	
L <u>.</u>			veside	MILLI C	11 6.	VDJIJN		\$8.75 A		
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5. Certifo	ate of Status Desired		Fee Re		
City & State	3	Sity & State		- (6. Electio	n Campaign Financing		\$5.00	мау Ве	
		28 - FORT - MUSK	احتدا	≅L _{eure}		und Contribution	1 1	Added.te	o Fees	
Zip	Country	Zip	Cou	ntry	8. This co	rporation owes the cui	rent year Inta			
J .	25	29 33919	30		Person	al Property Tax.		Yes	□No	
1	9. Name and Address of Current	Registered Agent			1 10. Name	and Address of New	Registered A	gent		
				81 Name	Andreu	G. Jes	sen			
JAENSCH, P. CHRISTOPHER				82 Street Address (P.O. Box Number is Not Acceptable)						
	MAIN STREET				} - - 	/ 				
SAH	ASOTA FL 34237			83 (371-4	nesidentia	1 (+			
				84 City 1	- (1)	1710310 Critis	101	85 Zip C	ode -	
				City	rost Mu	JNS .	FL.	33	999	
1. Pursuant 1	to the provisions of Sections 607.0502	and 607.1508, Florida Stat	tutes, the at	pove-named co	rnoration cubm	e this statement for the	purpose of	changing its	registered	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familial with, and accept the deligation	Vilorida. Such change was	s authorized	by the corpora	ation's board of o	firectors: I hereby acce	pt the appoir	itment as reç •	gistered	
agent. i ar	m familiari with, and accept the opingalio	ons of, Section 607.0505, F	,, ,	1			4/6	<i>l</i> a9		
SIGNATURE	Signature, typed or printed name of registered agent	and the if applicable (NC	N NOT		UESSEV uired when reinstating)	`	DATE			
12.	OFFICERS AND		13.	rigoti organizato roq		ONS/CHANGES TO O	FFICERS AN	D DIRECTO	R\$ IN 12	
ITLE	D	☐ DELETE	1.1 TI	ne l	•	· · · · · ·		Change	☐ Addition	
	DICKHARDT, JUTTA		1.2 NA	MF.						
AME	3516 51ST AVE. DR. W.			REET ADDRESS						
TREET ADDRESS				l l						
ITY-ST-ZIP	BRADENTON FL 34210	M no cto	1.4 CI 2.1 TII	TY-ST-ZIP				Change	Addition	
ITLE	D DIGWIAARDT DAINICO	DELETE		1				•a		
AME	DICKHARDT, RAINER		2.2 NA	!						
TREET ADDRESS	3516 51ST AVE. DR. W.			REET ADDRESS						
ITY-ST-ZIP	BRADENTON FL 34210			TY-ST-ZIP			·	- Change in	Addition	
ITLE TO THE		DELETE	3.1 11	ILE -				Change	- Magillou	
AME			3.2 NA	WE						
TREET ADDRESS			3.3 ST	REET ADORESS						
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ITLE		☐ DELETE	4.1 TI	TLE				☐ Change	☐ Addition	
IAME			4. 2 N	AME						
TREET ADDRESS			4.3 ST	REET ADDRESS						
JTY-ST-ZIP			4.4 CI	TY-ST-ZIP						
TTLE [☐ DELETE	5.1 TT	TLE				Change	☐ Addition	
IAME			5.2 NA	ME						
TREET ADDRESS			5.3 ST	REET ADDRESS						
CITY-ST-ZIP			5.4 CI	TY-ST-ZIP		:				
ITLE		☐ DELETE	6.1 TI	TLE				Change	☐ Addition	
IAME			6.2 NA	ME			•			
TREET ADDRESS			6.3 ST	REET ADDRESS						
				TY-ST-ZIP						
शY+ST+ZIP										

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,

SIGNATURE:

Daytime Phone #