PROFIL CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 04, 1999 8:00 am Secretary of State 05-04-1999 90002 010 ***150.00

DOCUMENT # P98000044723

SUNCOAST PROPERTIES OF SARASOTA, INC.

Principal Place	e of Business	Mailing Address						
4341 OAK VIEW DRIVE		4341 OAK VIEW DRIVE						
SARASOTA FL	34232	SARASOTA FL 34232			DO NOT WRITE	E IN THIS SPACE		
					3. Date Incorporated or Qualifed	- 1110 011102		1
					05/18/1998			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEL Number	TA TA	pplied For	1
21		26		6 5-083 789	ひ 片	lot Applicable	1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	□ \$8.75	Additional	1	
22		27			3. Certificate of Status Desired	Fee F	lequired	
City & State		City & State	City & State		6. Election Campaign Financing	□ \$5.00	May Be	
23		28			Trust Fund Contribution	Added	to Fees	1
Zip	Country	Zip	Count	try	8. This corporation owes the currer		ælu.	
24	25	29	30		Personal Property Tax. 10. Name and Address of New Re	∐ Yes	MNo No	┨
·	9. Name and Address of Curre	ent Registered Agent		B1 Name	10. Name and Address of New Re	gistered Agent		┤╌╴
JAEN	NSCH, P. CHRISTOPHÊR	•	Ŀ	3/	ANCHEZ MAK	MANNE		1
	MAIN STREET		18	82 Street Add	free (P) Box Number is Not Acceptab	Drive	'	Ì
	ASOTA FL 34237		E	B3 7 7 7	VON VICH P			1
								
			8	B4 CTP A C	PASOTA	FL 85 3	タサマク	
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508. Florida Statut	tes, the abo	ove-named corp	poration submits this statement for the pi	urnose of changing it	s registered	1
office or re agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the oblig	te of Florida. Such change was a gations of, Section 607.0505, Flo	orida Statyly	by the corporation	ion's beard of directors. I hereby accept	the appointment as r	egistered	Ì
SIGNATURE	Signature, typed or printed name of registered as	Gent and title if applicable. (NOTE	E: Registered A	gerit signature require	ed when reinstating)	DATE		ĺ
	Signature, typed or printed name of registered as	AND DIRECTORS	E: Registered A	gent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND DIRECT		100
	Signature, typed or printed name of registered as OFFICERS A			/				100
12.	Signature, typed or printed name of registered at OFFICERS A D MAAS, GUNTER	AND DIRECTORS	13.	E		CERS AND DIRECT		(44 100)
12 .	OFFICERS A D MAAS, GUNTER 2554 SMITHFIELD DRIVE	AND DIRECTORS	13. 1.1 TITLE 1.2 NAM	E		CERS AND DIRECT		7001 (44 100)
12. TITLE NAME	OFFICERS A D MAAS, GUNTER 2554 SMITHFIELD DRIVE ORLANDO FL 32837	AND DIRECTORS	13. 4 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY	E EET ADDRESS		CERS AND DIRECT	☐ Addition	1001 (44 100)
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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 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: