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PROFIT GORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DIVISION

DOCUMENT # P98000045384

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

07-08-1999 90011 037 ***550.00

1. Corporation	on Name	Mailing Address 1444 HINTON STREET PORT CHARLOTTE FL 33951 3. Date Incorporate 05/18/1998 4. FEI Number 26 Suite, Apt. #, etc. 27 City & State City & State 28 Country 29 30 Country 25 Country 27 R. This corporation Intangible Person Intendice Person Intend									
ROBER	T LASHL	EY. INC.							i		
1105-11			4	·						É LERENDRE LISTE CONTRACTOR DE LA CONTRACTOR DE LES CONTRACTORS DE LA CONTRACTOR DE LA CONT	
			4								
Principal Place of Business Mailing Address										-{ I CORTICOR AID IRIDI IRITA BOSKI ODRIK BOTIL CONTI DIRON EKSOD TIKAR IVITE BIRI EROT	
						951	A				
			,							DO NOT WRITE IN THIS SPACE	
					·					3. Date incorporated or Qualified	
الاعر 										05/18/1998	
2. Principal Place of Business				2a. Mailing Address						4. FEI Number Applied For	
21				26							
Suite, Apt. #, etc.				Suite, Apt. #, etc.					1	5. Certificate of Status Desired 5. Serviced	
22										Fee Required	
City & State				 						6. Election Campaign Financing \$5.00 May Be	
13			28							- Trust Fund Contribution - Added to Fees	
Zip	⊢ ¬ ' ' '		\vdash	<u>⊢</u> ¬ `		_	_			8. This corporation owes the current year Intendible Personal Property.	
24							0			Intangible Personal Property. Yes No. 10. Name and Address of New Registered Agent	
	9. Name	and Address of Curre	nt Kegit	nerea A	gent		81	Name		Tu. Reine and Address of New Registried Agent	
LA!	SHLEY, RO	BERT					L	Hallie			
1444 HINTON STREET								Street	Addres	ss (P.O. Box Number is Not Acceptable)	
PORT CHARLOTTE FL 33951											
							83				
							84 City			FL 85 Zip Code	
·							ш				
11. Pursuan office or	it to the provi	sions of sections 607.050 gent, or both, in the Stati	02 and 6 B of Flori	ida. Suc	i, Flonda Statuti :h change was :	ss, me ac authorize	d by	the corp	oration	ation submits this statement for the purpose of changing its registered n's board of directors. I hereby accept the appointment as registered	
agent.	am familiar v	with, and accept the oblig	ations o	of, section	on 607.0505, Fi	orida Stat	tutes	i.		•	
SIGNATURE	Olasakan Assa	or printed reme of registered age	ant and little	if madeable	· //	YTE: Oncich	end &	ned timete		ed when reinstriling) DATE	
12.	Signature, types	OFFICERS A				13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Dagara	1. 1			DELETE	1,1 11	TLE			Change Addition	
NAME	NAME SECTION				1.2 NA					_ , _	
STREET ADDRESS JOSEP F. PONEY				1.3 57			REET	ADDRESS			
CITY-ST-ZP 1944 HOTON ATT. PI				3398			1.4 CRTY-ST-ZIP		l		
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NAME	,			-			2.2 NAME		(<u> </u>	
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NAME	1				_	3.2 N	ME		l		
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NAME				5.2 N			WE		1	İ	
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CITY-ST-ZIP	Ĺ					5.4 Cf	TY-ST-	2/P	L		
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VAME						6.2 NA	ME	Ì			
STREET ADDRESS	į.					6.3 87	REET!	ADORESS	}	ļ	
JTY-ST-ZIP						6.4 CI	TY-ST-	ZIP	}		
	ertify that the	Information supplied with	h this filir	na does	out qualify for the				section	on 119.07(3)(i), Florida Statutes, I further certify that the information	

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 trustees 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.

SIGNATURE: _

SIGNATURE REQUIRED

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #