N. 187 E. 1950

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000048334 / Corporation Name

FLIBUSTIERS, INC.

Mailing Address

## FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90035 036 \*\*\*150.00



| Sultar Apt R, etc.   Sultar Apt R, etc.   272   Conficate of Status Desired   \$8.75 Additional   Fee Required   Fee Required  |                     | S.W. 20th Place                          | 1953 Co.                       |                   |                         |  |  |
|--|---------------------|--|--------------------------------|-------------------|-------------------------|--|--|
| Principal Place of Busines5  | Cape                | Coral, FL 33914                          | Ft. Mye:                       | rs, F             | 'L 33907                | 7  |  |
| Principal Place of Bushness   Mailing Address   65   Name   Applied For   Applied Fo   |                     |  |                                |                   |                         | 1  |  |
| 20   |                     |  |                                |                   |                         |  | 1 1                                    |
| Suite, Apt. F. etc.   Suite, Apt. F. etc.   22    22    23    23    25   | Principal P         | lace of Business                         |                                |                   |                         | _ · _ · · · · · · · · · · · · · · · · ·  |  |
| City & State   | 21                  |  |                                |                   |                         | 65-0837449   |  |
| Zip   Country   Zip   Country   Zip   Country   Zip   Country   This corporation were the current year intengable   Name and Address of Current Registered Agent   Name and Address of New Registered Agent   Name and Address   Name and Address of New Registered Agent   Name and Address of New Registered Agent   Name and Address   Na   | <del></del>         |  |                                |                   |                         | Certificate of Status Desired  |  |
| Zip   Country   Zip   Country   Zip   Country   Zip   Country   This corporation owes the current very infrangible   Zip   Z   |                     | e  | City & State                   |                   |                         | Election Campaign Financing  | \$5.00 May Be                          |
| Name and Address of Current Registered Agent   | 23                  |  | 28                             |                   |                         | Trust Fund Contribution  | Added to Fees                          |
| Name and Address of Current Registered Agent    Site   Name   Name and Address of New Registered Agent   | Zip                 | Country                                  | Zip                            | Count             | ry                      | This corporation owes the current ye   |  |
| Derouen, Shelly A.  1953 Colonial Blvd. Ft. Myers, FL 33907  Pursuant to the provisions of Sections 607 0502 and 607 1508. Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of director's. I hereby accept the appointment as registered agent, and accept the collisiations of, Section 607 0505. Florids Statutes.  SIGNATURE  PURSUANT to the provisions of Sections 607 0502 and 607 1508. Florids Statutes, the above named corporation's board of director's. I hereby accept the appointment as registered agent, and accept the collisiations of, Section 607 0505. Florids Statutes.  SIGNATURE  PURSUANT to the provisions of Sections 607 0505. Florids Statutes agent  | 24                  | 25                                       | 29                             | 30                |                         |  |  |
| Derouen, Shelly A.  1953 Colonial Blvd. Ft. Myers, FL 33907   Reference of the provisions of Sections 607 0502 and 607 1508. Florids Statutes, the above named corporation submits his statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Section 607 0505. Florids Statutes.  SIGNATURE    Spoular foote or registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of. Section 607 0505. Florids Statutes.  SIGNATURE   Spoular foote or more or registered agent as the provision of the purpose of changing its registered of the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Section 607 0505. Florids Statutes.  SIGNATURE   Spoular foote or more or more or manufact agent and title of purpose of changing its registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the obligation of Section 607 0505. Florids Statutes.  SIGNATURE   OPTION  |                     | Name and Address of Current              | Registered Agent               |                   | -                       | Name and Address of New Regist   | ered Agent                             |
| 1953 Colonial Blvd, Ft. Myers, FL 33907    Bat   Caty  |                     |  |                                | 18                | Name                    |  |  |
| 1953 Colonial Blvd, Ft. Myers, FL 33907    Bat   Caty  | Deroi               | uen. Shellv A.                           |                                | -8                | Street Addre            | ess (P.O. Box Number is Not Acceptable)  | ·                                      |
| Pursuant to the provisions of Sactions 607 0502 and 607 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and tambilar with, and accept the obligations of, Section 607.0505. Florids Statutes.  SIGNATURE    Signature Speed or ported name of registered agent age | 1953 Colonial Blvd. |  |                                |                   | <u> </u>                |  |  |
| Pursuant to the provisions of Sections 807 0502 and 807 1508, Florids Statutes, the above-named corporation submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Section 607 0505, Florida Statutes.  SIGNATURE  SIGNATURE  PTD  OFFICERS AND DIRECTORS  OFFICERS AND DIRECTORS  13  TITLE  OFFICERS AND DIRECTORS  13  STREET ADDRESS  STREET ADDRESS  TOWNEY  OFFICERS AND DIRECTORS  14 OTIV-ST-ZP  LAGITY-ST-ZP  TOWNEY  STREET ADDRESS  TOWNEY  STREET ADDRESS  CITY-ST-ZP  OFFICERS AND DIRECTORS  13 STREET ADDRESS  14 OTIV-ST-ZP  LAGITY-ST-ZP  TOWNEY  STREET ADDRESS  CITY-ST-ZP  TOWNEY  DELETE  17 TITLE  ORANGE  18 STREET ADDRESS  CITY-ST-ZP  TOWNEY  AND DELETE  17 TITLE  ORANGE  18 STREET ADDRESS  CITY-ST-ZP  TOWNEY  OFFICERS AND DIRECTORS  19 S.W. 20th Place  20 STREET ADDRESS  21 STREET ADDRESS  22 NAME  23 STREET ADDRESS  CITY-ST-ZP  TOWNEY  AND DELETE  17 TITLE  ORANGE  18 STREET ADDRESS  CITY-ST-ZP  TITLE  OFFICERS AND  OFFICERS AND  Addition  AND  STREET ADDRESS  CITY-ST-ZP  TITLE  OFFICERS AND  OFFICERS AND  ADDRESS  AD | Ft. P               | Myers, FL 33907                          |                                |                   |                         |  |  |
| office or registered agent, or both, in the State of Fighds, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and faculty the obligations of Section 607.0505. Florida Statutes.    SIGNATURE  |                     |  |                                | 8                 | 34 City                 |  | FL 85 Zip Code                         |
| Signature freed or printed name of registered agent and life if approaches  OFFICERS AND DIRECTORS  TITLE  PTD  NAME  Brodheim, Michel  STREET ADDRESS  3929 S.W. 20th Place  CITY-ST-ZP  CAPE COTAl, FL 33914  DELETE  21 TITLE  VPSD  Brodheim, Eva-Marie  22 NAME  23 STREET ADDRESS  CITY-ST-ZP  CAPE COTAl, FL 33914  DELETE  21 STREET ADDRESS  CITY-ST-ZP  Addition  Addition  Addition  CATE  CAPE COTAl, FL 33914  DELETE  21 TITLE  CAPE COTAl, FL 33914  DELETE  21 STREET ADDRESS  CITY-ST-ZP  ADDRESS  STREET ADDRESS  CITY-ST-ZP  ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZP  ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZP  ADDRESS  STREET ADDRES | office or r         | egistered agent, or both, in the State o | if Florida. Such change was au | uthorized t       | by the corporatio       | oration submits this statement for the purpoin's board of directors. I hereby accept the | appointment as registered              |
| Signature freed or printed name of registered agent and life if approaches  OFFICERS AND DIRECTORS  TITLE  PTD  NAME  Brodheim, Michel  STREET ADDRESS  3929 S.W. 20th Place  CITY-ST-ZP  CAPE COTAl, FL 33914  DELETE  21 TITLE  VPSD  Brodheim, Eva-Marie  22 NAME  23 STREET ADDRESS  CITY-ST-ZP  CAPE COTAl, FL 33914  DELETE  21 STREET ADDRESS  CITY-ST-ZP  Addition  Addition  Addition  CATE  CAPE COTAl, FL 33914  DELETE  21 TITLE  CAPE COTAl, FL 33914  DELETE  21 STREET ADDRESS  CITY-ST-ZP  ADDRESS  STREET ADDRESS  CITY-ST-ZP  ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZP  ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZP  ADDRESS  STREET ADDRES | SIGNATURE           |  | •                              |                   |                         |  | ************************************** |
| TITLE PTD DELETE 11 TITLE  | 3.2                 |  | <del></del>                    |                   | gent signature required | d when reinstating) DA   | TE                                     |
| NAME   |                     | OFFICERS AND                             |                                |                   |                         |  | Chance C Addition                      |
| STREET ADDRESS CITY.ST-ZP CAPE COTAL, FL 33914 DELETE TITLE VPSD Brodheim, Eva-Marie 3929 S.W. 20th Place 21 TITLE VPSD Brodheim, Eva-Marie 3929 S.W. 20th Place 21 STREET ADDRESS CITY.ST-ZP TITLE CAPE COTAL, FL 33914 DELETE 31 TITLE 32 MAME 32 STREET ADDRESS CITY.ST-ZP TITLE DELETE 41 TITLE AMAME STREET ADDRESS CITY.ST-ZP TITLE DELETE 41 TITLE AMAME STREET ADDRESS CITY.ST-ZP TITLE DELETE 51 TITLE AMAME STREET ADDRESS CITY.ST-ZP TITLE DELETE 51 TITLE AMAME STREET ADDRESS CITY.ST-ZP TITLE AMAME STREET ADDRESS   | TITLE               | PTD                                      | ☐ DELETE                       | 1171712           | E                       |  | Change T Addition                      |
| CITY-ST-ZP   | NAME                | Brodheim, Michel                         |                                | 1.2 NAM           | E                       |  | •                                      |
| TITLE VPSD  NAME STREET ADDRESS CITY-ST-ZIP TITLE Cape Coral, FL 33914   DELETE   32 STREET ADDRESS   32 STREET ADDRESS   32 STREET ADDRESS   33 STREET ADDRESS   34 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   DELETE   STREET ADDRESS    | STREET ADDRESS      | 3929 S.W.20th Pl                         | ace                            | 1.3 STR           | EET ADORESS             |  |  |
| TITLE NAME NAME Brodheim, Eva-Marie 3929 S.W. 20th Place TITLE Cape Coral, FL 33914   DELETE   31 TITLE   Change   Addition   NAME STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP TITLE NAME   DELETE   STREET ADDRESS   CITY-ST-ZIP TITLE NAME   DELETE   STREET ADDRESS   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP TITLE NAME   DELETE   STREET ADDRESS   STREET ADD | CITY-ST-ZIP         |  | 3914                           | 14 CITY           | -ST-ZIP                 |  |  |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | TITLE               | ·  | ☐ DELETE                       | 2.1 TITLE         | Ē.                      |  | Change Addition                        |
| 3929 S.W. 20th Place   2.4 City.st.zip   | NAME                |  |                                | 22 NAM            | E                       |  |  |
| TITLE  | STREET ADDRESS      |  |                                | 2 3 STR           | EET ACORESS             |  |  |
| NAME   | CITY-ST-ZIP         |  |                                | 2. 4 CIT          | Y-ST-ZIP                |  |  |
| 3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   | TITLE               | Cape Coral, FL 3                         | 39T4 DELETE                    | 3.1 TITU          | E _                     | ~ .  | Change Addition                        |
| STREET ADDRESS   STRE   | NAME                |  |                                | 3 2 NAM           | E                       |  |  |
| DELETE   | STREET ADDRESS      | ,  |                                | 3.3 STR           | EET ADDRESS             |  |  |
| ### DELETE   | CITY-ST-ZIP         |  |                                | 3 <u>.4. C</u> IT | Y-ST-ZIP                |  |  |
| STREET ADDRESS       13 STREET ADDRESS         CITY-ST-ZIP       44 CITY-ST-ZIP         TITLE       DELETE         NAME       52 NAME         STREET ADDRESS       53 STREET ADDRESS         CITY-ST-ZIP       54 CITY-ST-ZIP         TITLE       DELETE         NAME       62 NAME         STREET ADDRESS       63 STREET ADDRESS   |                     |  | ☐ DELETE                       | 4.1 1772          | E                       |  | ☐ Change ☐ Addition                    |
| Addition   City-St-Zip   | NAME                |  |                                | 4. 2 NAN          | :IE                     |  |  |
| TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAME <td>STREET ADDRESS</td> <td></td> <td></td> <td><b>∔3STR</b>I</td> <td>EETADDRESS</td> <td></td> <td></td>   | STREET ADDRESS      |  |                                | <b>∔3STR</b> I    | EETADDRESS              |  |  |
| TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAME <td></td> <td></td> <td></td> <td>4.4 CITY</td> <td>-ST-ZIP</td> <td></td> <td></td>   |                     |  |                                | 4.4 CITY          | -ST-ZIP                 |  |  |
| STREET ADDRESS   |                     |  | ☐ DELETE                       | 5.1 TITL          | E                       |  | Change Addition                        |
| 54 CITY-ST-ZIP   | NAME                |  |                                | 5.2 NAM           | E                       |  | The state of the state of the state of |
| CITY-ST-ZIP  | STREET ADDRESS      |  |                                | 5 3 STR           | EET ADORESS             |  |  |
| TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS   |                     |  |                                | 5 4 CITY          | -ST-ZIP                 |  |  |
| STREET ADDRESS 6.3 STREET ADDRESS  |                     |  | ☐ DELETE                       | 6.1 TITL          | Ē                       |  | Change Addition                        |
| STREET ADDRESS 6.3 STREET ADDRESS  | NAME                |  | _                              | 6.2 NAM           | Æ                       |  |  |
| A 1 A 1715   | ·                   |  |                                | 6.3 STR           | EET ADDRESS             |  |  |
|  | CITY-ST-ZIP         |  |                                | 6.4 CITY          | r-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 changes, or on an attachment with an applicas, with all other like empowered.

SIGNATURE

Michel Brodheim 4/29/99