PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

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Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000048648

NORTHBOUND INC. Mailing Address Principal Place of Business 1616 - 102 W CAPE GORAL PARKWAY 1616 - 102 W CAPE CORAL PARKWAY SUFFE 137 SUITE 137 DO NOT WRITE IN THIS SPACE CAPE CORAL PL 33914 CAPE CORAL FL 33914 3. Date Incorporated or Qualifed. 05/28/1998 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0838193 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired П Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Added to Fees Trust Fund Contribution 28 23 Zip Country This corporation owes the current year Intangible Zip Country **™**oo ☐ Yes 29 30 Personal Property Tax. 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CLAASE, BRIAN 82 Street Address (P.O. Box Number is Not Acceptable) 1429 EL DORADO PARKWAY SAST WEST. CAPE CORAL FL 33914 WEST 429 Zip Code City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1509. Florida 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 Florida. 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, Florida Statutes. SIGNATURE re, typed or printed name of registered egent and title if applicate DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. PRESIDENT Change ☐ Addition DELETE 1,1 TITLE TITLE BRIAN CLAASE CR2E034 1 2 NAME NAKE 1429 ELDORADO PKWY WEST 1. 1.3 STREET ADDRESS STREET ADDRESS CAPE CORAL 33914 FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE SECRETARY 2.1 TITLE TITLE MARGARET CHAASE 22 NAME NAME FKWY WEST 1429 ELDORADO 23 STREET ADDRESS .کن STREET ADDRESS Ο3 33914 CORAL CAPE 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE -31 TILE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-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 of 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 chapter 607 and attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

8.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

Caratures and Gebase

DELETE

941 945-8697

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90231 014 ***150.00

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☐ Addition

☐ Change

= 112.