OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Sep 07, 1999 8:00 am Secretary of State

09-07-1999 90003 021 ***550.00

OCUMENT # P98000053947

LAVENDER HILL ENTERPRISES, INC.

icipal Place of Business

10 CAREFREE BLVD. #E-RT MYERS FL 33917

\$	Mailing Address	1 123((21) 110 1010) (01) 0111 0011 0011 0011 00
-22	3000 CAREFREE BLVD. #E-22 FORT MYERS FL 33917	•
`		DO NOT WRITE IN THIS SPACE
		3. Date Incorporated or Qualified

					06/15/1998	,	
Principal Pl	ace of Business	2a. Mailing Address	_		4. FEI Number	Applied For	
2273 FIRST ST 28 2273			FIRST ST.		65-0843459	Not Applicable	
Suite, Apt. #, etc. Suite, Apt		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
27		27			3. Settinode of States Sound 17	Fee Required	
City & State			7.	6. Election Campaign Financing	\$5.00 May Be		
FORT MYERS IL 28 FOR MYERS A			<u>. </u>	Trust Fund Contribution	Added to Fees		
Zip Country Zip Country 33901 30 0			USA	8. This corporation owes the current year	¥ Yes □ No		
33901 25 USA 29 33901 30 0				1 7 7	Intangible Personal Property.		
	9. Name and Address of Current	Kegistered Agent	81 Name	10. Haine and Address of Hear Registered	. r.guiii		
LOJ	inger, sue ellen						
3000) CAREFREE BLVD, #E-22		82 Street Address (P.O. Box Number is Not Acceptable)				
FORT MYERS FL 33917				83		**	
				84 City	FI	85 Zip Code	
Purcuant	to the provisions of sections 607.0502	and 607 1508. Florida Statutes.	the ab	ove-named corpor	ration submits this statement for the purpose of o	hanging its registered	
office or r	registered agent, or both, in the State of	f Florida. Such change was aut	nonze	d by the corporatio	on's poard of directors, I hereby accept the appo	intinent as registered	
	m familiar with, and accept the obligati	ons of, section 607.0505, Pions	ia Stat	iules.	dug 19, 1	1999	
INATURE .	Signature, typed or printed name of registered agent		: Registe	red Agent signature requi	ired when reinstating) DATE		
	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
	D	DELETÉ	1,1 TI	TLE		Change Addition	
:	Lojinger, sue ellen		1.2 NA	AME.			
ET ADDRESS	TADDRESS 3000 CAREFREE BLVD, #E-22 1.3 STI			REET ADDRESS			
ST-ZIP	FORT MYERS FL 33917		1.4 CF	TY-ST-ZIP			
-		DELETE	2.1 TI	TLE		Change Addition	
5			2.2 N	AME			
ET ADDRESS			2.3 ST	REET ADDRESS			
ST-ZIP.	JP		_	TY-ST-ZIP			
DELETE 3.11			3.1 TI			Change Addition	
≣ 3.21			3.2 NA			•	
ET ADDRESS				REET ADDRESS			
ST-ZIP			•	TY-ST-ZIP	1870		
:		DELETE	4.1 TI			Change Addition	
ŧ			4.2 N/				
ET ADDRESS			1	REET ADDRESS			
ST-ZIP				TY-ST-ZIP			
<u> </u>		DELETE	5.1 TI			Change Addition	
:			5.2 NA				
ET ADDRESS			1 .	REET ADDRESS			
ST-ZIP			5.4 CI 6.1 TI	TY-ST-ZIP		Change Addition	
[☐ DELETE				Change Addition	
:			6.2 NA				
ET ADDRESS	7 (82 2 17) A TE CE A TOTAL		6.3 ST	REET ADDRESS			

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.

GNATURE:

GNATURE:

GNATURE: