

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000055753

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

04-23-1999 90016 025 ***150.00

Principal Place of Business C/O LES GARDI. CPA	Mailing Addi	RDI. CPA								
7061 S. TAMIAMI TRAIL	7061 S. TAMI					DO NOT WE	HTF IN THIS	SPACE		
SARASOTA FL 34231-5559	SARASOTA FL 34231-5559 SARASOTA FL 34231-5559					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
						06/20/1998	-		- 1	
	- 1 a. 14.95 - A	\ d d====				4. FEI Number			plied For	
2. Principal Place of Business	2a. Mailing A	Address				08550	24		t Applicable	
21	26					- 33 3123 -	<u> </u>		Additional	
Suite, Apt. #, etc.						5. Certificate of Status Desired		Fee Re		
22	27									
City & State	City & St	ate				6. Election Campaign Financing		•	May Be	
23	28		-			Trust Fund Contribution	·- <u>·</u>		to Fees	
Zip Country	⊢ Zip		Count	ry		8. This corporation owes the cur	rrent year ini	angible Ves	□No	
24 25	29	3	10			Personal Property Tax.	Bealstered			
9. Name and Address	of Current Registered Age	ent		ii Na		10. Name and Address of New	vehisteien	WAD IN		
CARRILLES CRA			l°	" Na	iiie					
GARDI, LES CPA			8	2 Str	eet Addre	ss (P.O. Box Number is Not Accept	labie)			
C/O LES GARDI, CPA			<u>Ĺ</u>						<u> </u>	
7061 S. TAMIAMI TRAIL			8	3					İ	
SARASOTA FL 34231-5559			8	4 Cit	<u> </u>			85 Zip	Code	
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11. Pursuant to the provisions of Sections office or registered agent, or both, in	s 607.0502 and 607.1508, I the State of Florida. Such c	Fiorida Statutes hange was auti	s, the abo horized b	we-nan	red corpor orporation	ration submits this statement for the n's board of directors, I bereby acce	a purpose or opt the appoi	changing its ntment as re	gistered	
agent. I am ramiliar with, and accept t	the obligations of, Section 6	107.0505, Florid	da Statute	9S.	J. P	, , , , , , , , , , , , , , , , , , ,				
SIGNATURE	the colligations of, Section of	107.0303, FIOR	Ja Slalvie	33.			DATE			
SIGNATURE Signature, typed or printed name of re	urie doligations of, Section of	107.0303, FIOR	legistered Ag	33.		when reinstating) ADDITIONS/CHANGES TO O	DATE		DRS IN 12	
SIGNATURE Signature, typed or printed name of re	egistered agent and title it applicable. ICERS AND DIRECTORS	107.0303, FIOR	Ja Slalvie	yent eigne		when reinstating)	DATE		ORS IN 12	
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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 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 indicated or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; 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.

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NOCIONA SCHOOLSTUTTINGEM: Szibayi