FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999 at a



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000059573 1. Corporation Name

ATTN: JAMES V. AURANDT 24376 BUCCANEER BLVD PUNTA GORDA FL 33955	

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90253 017 ***150.00

VVITAIVE D	DAIVI CLAIVI COIVIPANT, INC.							
Principal Place	e of Business	Mailing Address				- 1 (###)(##) tak (#tim) imite amite amite amite	6181 61110 18181 6 1111 1	10889 1111 (007
ATTN: JAMES V. AURANDT 24376 BUCCANEER BLVD 24376 BUCCANEER BLVD PUNTA GORDA FL 33955 PUNTA GORDA FL 33955					DO NOT WRITE IN T	HIS SPACE		
PUNTA GURDA	FL 33965	PUNTA GORDA FL 33955				3. Date Incorporated or Qualifed		-
						07/02/1998		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21		26				65-0846725	No	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75	Additional
22	27					5. Certifcate of Status Desired	Fee Re	
	City & State City & State				*	6. Election Campaign Financing	\$5.00	May Be
23	••	28	*	Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Country	у		8. This corporation owes the current year	Intangible	
24	25	29 3	D			Personal Property Tax.	Yes	No
	9. Name and Address of Current	Registered Agent		.,		10. Name and Address of New Register	red Agent	
			81	1	Name			
	, DAVID B		82	2 :	Street Addres	ss (P.O. Box Number is Not Acceptable)		
	BAHIA VIA			1				
FOR	T MYERS BEACH FL 33931		83	3				
		•	84	1 (City		85 Zip (Code
				1		ration submits this statement for the purpose		
SIGNATURE	of familiar with, and accept the obligation familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a second of familiar with, and accept the obligation of familiar with a second of familiar with a se	and title if applicable. (NOTE: Ri			ignature required	when reinstating) OATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
TITLE	VSTD	DELETE	1.1 TITLE				Change	☐ Addition
NAME	HIRE, DAVID B		1.2 NAME					
STREET ADDRESS	ATO DALMA LIM			1.3 STREET ADDRESS				
CITY-ST-ZIP	FORT MYERS BEACH FL 33931			1.4 CITY-ST-ZIP				
TITLE			2.1 TITLE	2.1 TITLE			Change	☐ Addition
NAME	AURANDT, JAMES V		2.2 NAME					
STREET ADORESS	24376 BUCCANEER BLVD		2.3 STREE	ETAL	DORESS			
CITY-ST-ZIP	PUNTA GORDA FL 33955		2. 4 CITY-	ST-	ZiP			<u> </u>
TITLE			3.1 TITLE				Change	☐ Addition
NAME			3.2 NAME			,		
STREET ADDRESS			3.3 STREE	ETAL	DORESS	<u>.</u>		- {
CITY-ST-ZIP	, ·		3.4. CITY-	ST-Z	ZIP			
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAME	•	l			
STREET ADDRESS			4.3 STREE	ETAI	DDRESS			}
CITY-ST-ZIP			4.4 CITY-5	ST-Z	ZIP			
TITLE		☐ DELETE	5.1 TITLE			·	Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	ETAI	DORESS -	•		
CTTY-ST-ZIP				ST-Z	ZIP		<u> </u>	
TITLE		☐ DELETE	6.1 TITLE	_			☐ Change	☐ Addition
NAME	 		6.2 NAME					
CTOECT ADDDECC			6.3 STREE	ET AI	DDRESS			

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 suppliemental 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CTTY-ST-ZIP

MGS V. AURANDY 4-17-99