FILED

Jan 21, 1999 8:00am

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

| | 1999 DIVISION OF COL | | ľ | | Secretary of State | | | |
|---|---|------------------------|---|------------------------|---|---|-------------------------------------|--|
| Corporation | MENT # P9 CAPITAL, INC. | 8000060 |)311 | | | 01-21-1999 90066 032 | ***150.00 | |
| | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | I INDIINGI ISO INCO INIS DOLLI GOLIS DESIS DESIS | 2 01111 00100 17101 11001 1101 1001 | |
| C/O RENEA M. GLENDINNING 1858 RINGLING BLVD SARASOTA FL 34236 | | | C/O RENEA M. GLENDINNING 1858 RINGLING BLVD SARASOTA FL 34236 | | DO NOT WRITE IN THIS 3. Date incorporated or Qualified | SPACE | | |
| | | | | | | 07/08/1998 | | |
| 2. Principal P | lace of Business | 2a. | Mailing Address | | | 4. FEI Number | Applied For Not Applicable | |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & Stat | e | | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip | Country | | Zip | Count | ry | This corporation owes the current year In | | |
| 24 | 25 29 | | | 30 | | Personal Property Tax. | ¥ Yes □ No | |
| | 9. Name and Addres | s of Current Registe | ered Agent | 8 | 1 Name | 10. Name and Address of New Registered | Agent | |
| GLENDINNING, RENEA M | | | | | Name | | | |
| ZOR1858 RINGLING BLVD | | | | 8 | 2 Street Add | dress (P.O. Box Number is Not Acceptable) | | |
| SARASOTA FL 34236 | | | | 8 | 3 | | | |
| | 4 | | | L | 4 City | | 85 Zip Code | |
| 19 (25) 25 11(28) 11 (2 3 | And the second second | | C | ° | 4 City | FL | 85 Zip Code | |
| office or r | | n the State of Florida | . Such change was auth | norized b | v the corporat | rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoint | | |
| SIGNATURE | | _ | | | | : | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent sign 12. OFFICERS AND DIRECTORS 13. | | | | | ent signature requi | a required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | OFFICERS AND DIRECTORS D DELET | | DELETE | 1.1 TITLE | | ADDITIONS/CHANGES TO OFFICERS A | Change Addition | |
| NAME | GEBHARD, H DIETER | 4 | | 1.2 NAME | | | | |
| STREET ADDRESS | 1858 RINGLING BLV | D | | 1.3 STRE | ET ADDRESS | | | |
| CITY-ST-ZIP | SARASOTA FL 34230 | 6 | | 1.4 CITY- | ST-ZIP | | | |
| TITLE | D | | DELETE | 2.1 TITLE | | | ☐ Change ☐ Addition | |
| NAME · | GLENDINNING, REN | | | 2.2 NAME | | | | |
| STREET ADDRESS | 1858 RINGLING BLVI SARASOTA FL:34230 | | | | ET ADDRESS | | | |
| CITY-ST-ZIP | SANASOTA FL 34230 | D | ☐ DELETE | 2.4 CITY 3.1 TITLE | | | Change Addition | |
| NAME () Area | 增数 计分 | | | 3.2 NAME | | | _ sharige | |
| STREET ADDRESS | | | | 1 | ET ADORESS : | | | |
| CITY-ST-ZIP | | | | 3.4. CITY | -ST-ZIP | | | |
| TITLE | | | ☐ DELETE | 4.1 TITLE | | | ☐ Change ☐ Addition | |
| NAME ASSESSED. | 1.3 4 11 | | ·, ·, | 4. 2 NAM | | | | |
| STREET ADDRESS | | | | | ET ADDRESS | | | |
| CITY-ST-ZIP | (36 F | | ☐ DELETE | 4.4 CITY- 5.1 TITLE | | | ☐ Change ☐ Addition | |
| NAME | | | | 5.1 TITLE 5.2 NAME | | | _ Shango _ madition | |
| CTOCCT ADODESC | | | ; | E 2 STDE | ET ADDDESS | | į. | |

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 changed, or on, an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

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多据差的证明人员

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change

Addition