

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000060679



04-29-1999 90014 006 \*\*\*150.00

1. Corporation Name  CLIAIDMAY TO HEAVEN INC	000079					
CHAIRWAY TO HEAVEN INC.						
Principal Place of Business	Mailing Address		1 1 5 0 1 5 0 1 1 1 1 1 1 1 1 1 1 1 1 1	andi ibili ddili abin bark sar	18 91111 46114 41111 1	1919 (011 184)
1600-3 PARKIJEADOWS DR.	1800-3 PARKMEADOWS (	DR.				
FT.MYERS FL 33907 FT.MYERS FL 33907			DO NOT WRITE IN THIS SPACE			
			3. Date in corporate	·		
			07/08/1998			1
2. Principal Place of Business	2a. Mailing Address		4. FEI Number		App	ied For
14981 RIVERS E JEE Ct.		C7248	65.09	01936	. <del></del>	Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Sta	tus Desired	\$8.75 A Fee Re	
City & State  23 F. MYERS, FL.	- City & State	s, FL.	6. Election Campai Trust Fund Cont		\$5.00 Added to	
Zip Country	Zip	Country	8. This corporation	Owes the current year	Intangible	
24 33908 25 USA	29 33919	30 454	Personal Proper			No
9. Name and Address of Curre	ent Registered Agent		10. Name and Add	ress of New Registere	d Agent	
	_	81 Name	MARC NEEL	<b>4</b>		
NEELEY, MARC		82 Street Ac	dress (P.O. Box Number	is Not Acceptable)	<del></del>	
1600-3 PARKMEADOWS DR.			981 RIVERS	Edge Ct.	# 125	
FT.MYERS FL 33907		83				
		84 City			85 Zip C	
			MYERS	<u></u>		708
11. Pursuant to the provisions of Sections 607.05	502 and 607,1508, Florida Stat	Lites, the above-named co-	rporation south a this sie ition's board of directors.	I hereby accept the app	ointment as reg	stered
agent, I am familiar with, and accept the oblig	gat ons of, Section 607.0505, F	Torida Statutes.	ured when revisibility)	DATE		
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4. I here by certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.(7(3)(i)). Florida Statutes. I further certify that the information in this annual report or supplemental annual report is true and accurate and that my signs ture shall have the same legal effect as if made under oath; that I am office or director of the corporation or the receiver or trustee empowered to execute this report as acquired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an approved.

SIGNATURE:

SKINI TURE AND TYPED O I PRINTED NAME OF STONES OLEH ER OR DIRECTO

4/20/99 (941) 481-3493