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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90014 033 \*\*\*150.00

DOCUI	MENT # P98000	061657			\		
in Corporation	ED SABAL PALM CORPORA						
Principal Place	e of Business	Mailing Address	_, .	<del></del> .	1 (30)(00) (13 (0)) (0)(1 88() 88() 88()	farië Arjet Hend Aries	DIFIL LEDI FORT
1104 NORTH C		1104 NORTH COLLIER BLVD					
	MARCO ISLAND FL 34145 MARCO ISLAND FL 34145				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	nis SPACE	
					07/13/1998		
Principal Place of Business     2a. Mailing Address					4. FEI Number		plied For
21 26					59-3538159	} <del></del> -	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Addition		Additional
27					5. Certificate of Status Desired	Fee Re	equired,
City & State City & State					6. Election Campaign Financing	\$5.00	•
23	23 28				Trust Fund Contribution	· · · · · · · · · · · · · · · · · · ·	to Fees
Zip	Country	Zip	Countr	У	8. This corporation owes the current year		<b>Ø</b> No
24	25		30		Personal Property Tax.  10. Name and Address of New Register	Yes	INO.
	9. Name and Address of Current	Kegisterea Agent	8	1 Name	IV. Name and Address of New Registe	I AN WARIT	
GRF	USEL, JAMIE B		اً ا				
C/O BERRY & GREUSEL				2 Street Ad	dress (P.O. Box Number is Not Acceptable)		
1104 NORTH COLLIER BLVD.				3		<del></del>	
MARCO ISLAND FL 34145							
			84	4 City		FL 85 Zip	Code
11 Purcuant	to the provisions of Sections 607 0502	2 and 607 1508. Florida Statutes	s the abo	ve-named co	moration submits this statement for the purpos	se of changing its	registered
i office or r	registered agent, or both, in the State o	of Florida. Such change was aut	thorized b	y tne corpora	ntion's board of directors. I hereby accept the a	ppointment as re	gistered
	am familiar with, and accept the obligat	ions of, Section 607.0303, Florid	ua Statute	ia,			
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: F	Registered Ag	ent signature requ	ired when reinstating) DAT	E	
12.	OFFICERS AND	DOIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER		
TITLE	D	<b>□ O</b> ELETE	1.1 TITLE			☐ Change	Addition
NAME	GREUSEL, JAMIE B		1.2 NAME	:			
STREET ADDRESS			1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	MARCO ISLAND FL 34145		1.4 CITY-		and the state of t	- Charma	ET A JUSSE
TITLE	PRESIDENT	☐ DELETE	2,1 TITLE	i		☐ Change	Addition
NAME.	Joseph J Laneke	, ,	2.2 NAME		<del>-&gt;</del>		
STREET ADDRESS	181 Heather GROW	e CN		ET ADDRESS			
CITY-ST-ZIP	NAPles / F1 3411:	3 Cloriere	2.4 CITY			☐ Change	Addition
TITLE	NAPLES F1 34113 SECKETARY OF T MICHAEL L LANCE	Regiule Delete	3.1 TITLE			□ ⇔iginge	E-John College
NAME	Michael L Lune	re -	3.2 NAME				
STREET ADDRESS	474 /V DAKTI	IN DR	1	ET ADDRESS			
CITY-ST-ZIP	MURIO Estand, Fol	→ DELETE	3.4. CITY-			[ ] Change	Addition
TITLE	CARL Luneke	LJ DELLIC	4.1 IIILE				
NAME STREET ADDRESS	272 N. BARFIELO	10n -	_	ET ADDRESS			
CITY-ST-ZIP	Marw Isked,	01 34145	4.4 CITY-				
TITLE	11/www 23/4/m/ .	☐ DELETE	5.1 TITLE	-		☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP	1		5.4 CITY-	·ST-ZIP			
TITLE	<del> </del>	DELETE	6.1 TITLE			Change	☐ Addition
NAME	}	_	6.2 NAME	:			
STREET ADDRESS			6.3 STRE	ET ADDRESS			

14. I hereby certify that the information supplied with this filling 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.

6.4 CITY-ST-ZIP

SIGNATURE: