AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Aug 27, 1999 8:00 am Secretary of State 08-27-1999 90003 040 ***150.00

DOCUMENT # P98000066122					<i></i>			
l '	ASSOCIATES, INC.							
Principal Place of Business Mailing Address					T (BBIH400 MA 1910) SBM DOM OFFIL ADM DING DING BIND KIND KIND WEND HER DING COMP			
7515 PELICAN BAY BLVD. 16A 7515 PELICAN BAY BLVD. 16A NAPLES FL 3410B NAPLES FL 3410B								
INTESTE S	7100	1011 220 - 2 04:00				DO NOT WRITE IN THIS SPACE	ĺ	
•						3. Date Incorporated or Qualified 07/27/1998		
2. Principal Place of Business 2a. Mailing Address						4 EEI Number - 2 Applied For		
21	26	Suite, Apt. #, etc.			65-0855236 Not Applicable			
Suite, Apt. #, etc. Suite, Apt. 22 27			, etc.			5. Certificate of Status Desired Fee Required		
City & State						Fig. Election Campaign Financing \$5.00 May Be Added to Fees		
Zip Zip	Country Zip			Country		8. This corporation owes the current year		
24	25 29 30					Intangible Personal Property. Yes No. 10. Name and Address of New Registered Agent		
9. Name and Address of Current Registered Agent				81	Name	IV. Harris and Address of these Hogersteller right		
GITKIN, CYNTHIA				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
1	5 PELICAN BAY BLVD. 16A PLES FL 34108			83				
				84	City	85 Zip Code		
						FL		
11. Pursuant to the provisions of sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.								
agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE SIGNATURE								
Signification typed or printed name of registered agent and title if applicable. (NOTE: R				instant Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DI			66	
12.	PRISIDENT	DELETE	13. 1.1 TI	TLE	$ \top$	Change Addition	(5)	
NAME	ETADDRESS 7515 PALYENN MAY BLUD 16A			1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			8	
STREET ADDRESS							CR2E034 (5/99)	
CITY-ST-ZIP	SELACTARY TRIABURIL DELETE			2.1 TITLE		Change Addition		
NAME	LALOSTA IA ZEINEKINI		•	2.2 NAME				
STREET ADDRESS	TRIS PALIZAN BAY ALUN 16A		i i	2.3 STREET ADORESS 2.4 CITY-ST-ZIP				
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STREET ADDRESS			5351 54CF		ADÓRESS	 		
TITLE		DELETE	8.1 TIT			Change Addition	ĺ	
NAME			6 2 NA		1	1	!	
STREET ADDRESS			1		ADORESS	:		
CITY-ST-ZIP § 4.4 CITY-ST-ZIP 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 supplied with this filing does not qualify for the exemption stated in section 119.07(3)(ii). Florida Statutes, i further certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(ii). Florida Statutes, i further certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(ii). Florida Statutes, if further certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(ii). Florida Statutes, if further certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(ii).								
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 supplier and 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 of 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.								
Wind Carrie Department Start 199 JUL SIL 1821								
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Data Data Design Phone 8								

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