

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

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90087 026 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000068585

1. Corporation Name  
TENDER YEARS, INC.

Principal Place of Business  
~~232 PEBBLE BEACH CIRCLE~~  
NAPLES FL 34113

Mailing Address  
232 PEBBLE BEACH CIRCLE  
NAPLES FL 34113

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/05/1998

4. FEI Number  
65-085-9776

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
21 3805 THOMASSON DRIVE  
Suite, Apt. #, etc.

22 City & State  
23 NAPLES, FLORIDA

24 Zip Country  
34113 U.S.A.

2a. Mailing Address  
26 78 VALLEY STREAM LN.  
Suite, Apt. #, etc.

27 City & State  
28 NAPLES, FLORIDA

29 Zip Country  
34112 U.S.A.

9. Name and Address of Current Registered Agent

RAJIOPI, NICHOLAS T  
~~232 PEBBLE BEACH CIRCLE~~  
NAPLES FL 34113

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
78 VALLEY STREAM LN.

83

84 City  
NAPLES

85 Zip Code  
FL 34112

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.

SIGNATURE *Nicholas Rajio*

(NOTE: Registered Agent signature required when reinstating)

1/6/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D  
RAJIOPI, NICHOLAS T  
STREET ADDRESS ~~232 PEBBLE BEACH CIRCLE~~  
CITY-ST-ZIP NAPLES FL 34113

TITLE ☐ DELETE  
NAME D  
RAJIOPI, HEIDI  
STREET ADDRESS ~~232 PEBBLE BEACH CIRCLE~~  
CITY-ST-ZIP NAPLES FL 34113

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 78 VALLEY STREAM LN.  
1.4 CITY-ST-ZIP 34112  
☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 78 VALLEY STREAM LN.  
2.4 CITY-ST-ZIP 34112  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/99 (941) 775-2