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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90014 029 ***150.00

| 1. Corporation | MENT # P98000 r home corporation | 071924 | | | | |
|--|--|--|---|--|---|--|
| Principal Place | e of Business | Mailing Address | | | | |
| 786 S. ORANGE | | 786 S. ORANGE AVE. | | | | |
| SARASOTA FL | 34236 | SARASOTA FL 34236 | | DO NOT WRI | TE IN THIS SPACE | _ |
| | | | | 3. Date incorporated or Qualifed 08/18/1998 | | |
| 2. Principal Pl | lace of Business | 2a, Mailing Address | | 4. FEI Number | Ap | plied For |
| 21 | | 26 | | 65-0862351 | | t Applicable |
| Suite, Apt. | Suite, Apt. #, etc. Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 7 | |
| 22 | | | | a Findles Comerin Finnels | | |
| | City & State City & State | | | Trust Fund Contribution | 6. Election Campaign Financing \$5.00 Ma Trust Fund Contribution Added to F | |
| Zip | Country | Zip | Country | 8. This corporation owes the curre | ent year intangible | / |
| 24 | 25 | | 0] | Personal Property Tax. | — · | No |
| | 9. Name and Address of Curren | it Registered Agent | | 10. Name and Address of New R | legistered Agent | |
| | THE CHECKODIED IS A | | B1 Name | | | |
| | Well, Christopher K P.A. 5 N. Palm Ave. | | 82 Street | Address (P.O. Box Number is Not Accepta | tole) | |
| | ASOTA FL 34236 | |] | | | - |
| SAL | 43014 FE 34230 | | 83 | | | |
| | | | 84 City | | FI 85 Zip C | Code |
| | 45 607.050 | 2 and 202 4500 Florido Ciplutor | the above comed | corporation submits this statement for the | numose of changing its | registered |
| | adiatored adorsit or adapt in a se amount | | | | | g. 0. 0. 0 - 1 |
| agent, I a | m familiar with, and accept the obligation of registered agent | nt and the if applicable. (NOTE: R | a Statutes. egistered Agent signature | oration's board of directors. I hereby acception or the second of directors or hereby acception or the second of directors. I hereby acception or the second | DATE | |
| agent, Las SIGNATURE | m familiar with, and accept the obligations of registered age. OFFICERS AN | ilions of, Section 607.0505, Fiorid | a Statutes. | required when retrictating) ADDITIONS/CHANGES TO OF | DATE | |
| agent, I as SIGNATURE 12. | m familiar with, and accept the obligation of registered ages OFFICERS AND A P. | nt and the if applicable. (NOTE: R) ID DIRECTORS | a Statutes. | required when reinstaling) | DATE FICERS AND DIRECTO | |
| agent. I as SIGNATURE 12. | m familiar with, and accept the obligations of registered age. OFFICERS AN | nt and the if applicable. (NOTE: R) ID DIRECTORS | a Statutes. gistered Agent signature 13. 1.1 TITLE | required when retrictating) ADDITIONS/CHANGES TO OF | DATE FICERS AND DIRECTO | |
| agent, I as SIGNATURE 12. TITLE NAME | m familiar with, and accept the obligated ages of the college of the obligated ages of the college of the colle | nt and the if applicable. (NOTE: R) ID DIRECTORS | a Statutes. 13. 1.1 TITLE 1.2 NAME | ADDITIONS/CHANGES TO OF | DATE FICERS AND DIRECTO | R2E034 (11/98) |
| agent, I as SIGNATURE 12. TITLE NAME STREET ADDRESS | m familiar with, and accept the obligation of registered ages of the policy of the pol | nt and the if applicable. (NOTE: R) ID DIRECTORS | a Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | ADDITIONS/CHANGES TO OF D. P. D. V. PROS. | DATE FICERS AND DIRECTO Change | RS IN 12 86 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZP | m familiar with, and accept the obligation of th | ILIONS OI, SECTION 607.USUS, FIORA mi and 19th if applicable. (NOTE: RI ID DIRECTORS | a Statutes. 13. 1.1 VITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZP | ADDITIONS/CHANGES TO OF D. P. D. V. PROS. | DATE FICERS AND DIRECTO Change | R2E034 (11/98) |
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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 mode under path; 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.

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| SIGNATURE AND | TYPED OR PRINT | EO NAME OF SIGH | ing officer | OR DIRECTOR |