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PROFIT CORPORATION ANNUAL REPORT

1999



LORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000073633

1. Corporation Name

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90093 014 ***150.00

C.N.I. OF	f S.W. Florida, Inc.		,							
Principal Place	e of Rusiness	Mailing Address						89 BI 06	1880 HAID BIA	8 11188 1111 1883
•		1764 LAKEVIEW BLVD								
		FORT MYERS FL 33903								
			•		L	DO NOT WRITE IN THIS SPACE				
						08/21/199		d 		
2. Principal Pt	lace of Business	2a. Mailing Address				4. FEI Number	-005	004	r A	pplied For
21		26				65_	7003	9504	N N	ot Applicable
Suite, Apt. #, etc.		<u> </u>	Suite, Apt. #, etc.			5. Certifcate of	Status Desired		•	Additional equired
22		27								
City & State	8 *** * * * * * * * * * * * * * * * * *	City & State	_		_ [6: Election Can Trust Fund C	npaign`Financing `antribution	, 🗆	•	May Be to Fees
23	Country		Cour	trv			· · · · · · · · · · · · · · · · · · ·	erent woor Into		
Zip	Country 25	29	30	u y		Personal Pro	tion owes the cu		Yes	□No
24	9. Name and Address of Current		301			10. Name and			#	
	5. Haille alla Addiess of Carrent	. registered regent	_	81 Name				<u>Y</u>	· T	
RICH	IARDS, PHILLIP E		-			(0.0.0		4-11-1		
1764	LAKEVIEW BLVD			82 Street	t Address	s (P.O. Box Num	ber is Not Accep	nable)		
FOR	T MYERS FL 33903		Ì	83						
									11	
				B4 City				FL	85 Zip	Code
						_				- registered
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the ab	ove-name	corpora	ation submits this	statement for th	e purpose of	hanging it	s registered
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with and accept the obligation	2 and 607.1508, Florida Statu of Florida. Such change was a lions of Section 607.0505. Flo	tes, the ab authorized orida Statu	ove-named by the corp	d corpora poration's	ation submits this s board of directo	statement for thors. I hereby acc	ept the appoir	changing it tment as n	egistered
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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 teckanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NG OFFICER OR DIRECTOR

941-656-0274