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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000081606

1. Corporation Name

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90030 020 ***150.00

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Mailing Address					
1100 E. CORK TREE CIRCLE 1100 E. CORK TREE CIRCLE					
PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 33952			DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualifed		
			09/18/1998		
ipal Place of Business 2a. Mailing Address			4. FEI Number	0	Applied For
26			65-08655/		Not Applicable
<u>├</u>			5. Certifcate of Status Desired	,	'5 Additional Required
					
⊢ , '					00 May Be led to Fees
Country Zip Country					
			Personal Property Tax.	Yes	.≥₹∿
			10. Name and Address of New Regis	stered Agent	
	8	31 Name			-
HESSMR, PETE		32 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
1100 E. CORK TREE CIRCLE PORT CHARLOTTE FL 33952					
	8	33			
		34 City		85	Zip Code
		namad a	amountion outmits this statement for the purpose		n its registered
Florida Such change was auti	nonzea t	ov the corbor	ation's board of directors. I hereby accept the	e appointment a	s registered
ons of, Section 607.0505, Florid	la Statut	es.			İ
and title if acolicable. (NOTE: R	egistered A	gent signature req	ured when reinstating)	DATE	
	13.	·			
☐ DELETE	1.1 TITL	E	PRESIDENT	☐ Chai	nge 🗌 Addition
	1 2 NAM	E	PETE HENER		
	1.3 STREET ADDRESS		THOSE CONKTREE CAR.		
	1.4 CITY	'-ST-ZIP	Marie Mile Mile Cl	22052	
() ACLEYE	1		PETE HESSER 1100 E. CONKTREC LIA. PORT CHANLOTTE, FL	33952	nge DAddition
☐ DELETE	2.1 TITL	E	PORT CHANLOTTE, FL	33952 □ Cha	nge Addition
☐ DELETE	2.2 NAM	E E	PORT CHANLOTTE, FL		nge Addition
☐ DELETE	2.2 NAM 2.3 STRI	E EET ADORESS	PORT CHANGTH, FL		nge Addition
☐ DELETE	2.2 NAM 2.3 STRI 2.4 CIT	E IE EET ADORESS Y-ST-ZIP	PORT CHANIOTIE, FL		
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	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. 3 Registered Agent and 607.1508, Florida Statutes Florida. Such change was autions of, Section 607.0505, Florida and title if applicable. (NOTE: R	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Count 29 30 Registered Agent and 607.1508, Florida Statutes, the abors of, Section 607.0505, Florida Statut and title if applicable. (NOTE: Registered A DIRECTORS DELETE 1.1 TITL 12 NAM 1.3 STR	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 Registered Agent 81 Name 82 Street Ad 83 Street Ad 84 City and 607. 1508, Florida Statutes, the above-named or Florida. Such change was authorized by the corporates of, Section 607.0505, Florida Statutes. In the image of the corporates	Mailing Address 1100 E. CORK TREE CIRCLE PORT CHARLOTTE FL 33952 DO NOT WRITE II 3. Date Incorporated or Qualifed 199/18/1998 2a. Mailing Address 26 Suite, Apt. #, etc. 5. Certifcate of Status Desired 27 City & State City & State 7. Country 8. This corporation owes the current of Personal Property Tax. Registered Agent 10. Name and Address of New Regist 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purp Florida. Such change was authorized by the corporation's board of directors. I hereby accept the one of, Section 607.0505, Florida Statutes. DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE	1100 E. CORK TREE CIRCLE PORT CHARLOTTE Ft. 33952 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/18/1998 2a. Mailing Address 25. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country 3. Country 4. FEI Number 6. Election Campaign Financing Trust Fund Contribution Address f New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL 85 Trust Fund Contribution B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL 85 Trust Fund Contribution Address of New Registered Agent B4 City FL 85 B5 B7 B7 B7 B7 B7 B7 B7 B7 B

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 indicated on this annual report or suppliemental 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 region 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 experiment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #