PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000082445

1. Corporation Name

Principal Place 4888 DAVIS BL NAPLES FL 341	VD STE 156	Mailing Address 4888 DAVIS BLVD STE 156 NAPLES FL 34104			DO NOT WRITE IN THE 3. Date Incorporated or Qualifed 09/21/1998			!
2. Principal P	Place of Business	2a, Mailing Address			4. FEI Number	Ap	clied For	
21	•	26			593537382	No	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Re		
22 City & Stat	lo	City & State			-6. Election Campaign Financing	\$5.00	May Re	
23 City of State		28			Trust Fund Contribution	Added t	• 1	
Zip	Country	Zip	Country	y	8. This corporation owes the current year !		ا	
24	25	29 3	30		Personal Property Tax.		□No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	d Agent		
HINES, ROBERT G 4532 TAMIANI TRAIL EAST STE 402 NAPLES FL 34112		81 82 83	Street Addr	Address (P.O. Box Number is Not Acceptable)				
			<u></u>			1 -1		
14 Demonstrati	to the agreement of Sections 807 0507	2 and 607 1508 Florida Statutes	84)	F poration submits this statement for the purpose of	85 Zip C	j	
SIGNATURE	Signature, typed or printed name of registered agen	n and tide if applicable. (NOTE: R	s, the above thorized by da Statutes)	constion submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its ointment as rec	registered istered	/98)
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN		s, the above thorized by da Statutes	re-named corp the corporations.	poration submits this statement for the purpose on a board of directors. I hereby accept the app	of changing its ointment as rec	registered istered	(11/98)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agen OFFICERS AN	M and title if applicable. (NOTE: R	s, the above thorized by da Statute:	re-named corp the corporations.	constion submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its ointment as reg	registered istered	34 (11/98)
SIGNATURE 12. TITLE NAME	Signature, typed of printed name of registered agen OFFICERS AN D MORKUNAS, SHERRIE	M and title if applicable. (NOTE: R	the above thorized by da Statute: togstared Age 13. 11 TITLE 12 NAME	re-named corp y the corporations.	constion submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its ointment as reg	registered istered	F034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS AND MORKUNAS, SHERRIE 4888 DAVIS BLVD STE 156	M and title if applicable. (NOTE: R	s, the above thorized by da Statutes Registered Age 13. 11 TITLE 12 NAME 1.3 STREE	re-named corporation of the corp	constion submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its ointment as reg	registered istered	R2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed of printed name of registered agen OFFICERS AN D MORKUNAS, SHERRIE	M and title if applicable. (NOTE: R	the above thorized by da Statute: togstared Age 13. 11 TITLE 12 NAME	re-named corporation of the corp	constion submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its ointment as reg	registered istered	CR2E(34 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE	OFFICERS AND MORKUNAS, SHERRIE 4888 DAVIS BLVD STE 156	N and \$50 If applicable. (NOTE: FID DIRECTORS	s, the above thorized by da Statutes 13. 11 TITLE 12 NAME 13 STREE 14 CITY-S 2.1 TITLE	re-named corporation of the corp	constion submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its ointment as reg	registered istered RS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND MORKUNAS, SHERRIE 4888 DAVIS BLVD STE 156	N and \$50 If applicable. (NOTE: FID DIRECTORS	s, the above thorized by da Statuter Age 13. 11 TITLE 12 NAME 13 STREE 14 CITY-S 2.1 TITLE 22 NAME	re-named corporations the corporations of signature requirements of the corporations of the corporation of the corporation of the corporation of the corporation of th	constion submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its ointment as reg	registered istered RS IN 12	CR2E034 (11/98)
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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 legel 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY- ST-ZIP

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

mue

NAME

DELETE

Change

Addition

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90170 021 ***150.00