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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000083446

MARY BRUCE, INC.

Mailing Address Principal Place of Business

3476 BALBOA CIRCLE EAST NAPLES FL 34105

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## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90279 041 \*\*\*150.00



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						3.	B. Date in corporated or Qualife	d		
							09/25/1998			
2. Principal Pl	ace of Business	2a. Mailing Address				4.	l. FEI Number		A	pplied For
21		26				- 1	59-353484	9		iot Applicable
Suite, Art. #, etc. Suite, Apt. #, etc.							5. Certificate of Status Desire	ed 🗆	\$8.75	Ac ditional
27						3.	. Certificate of Status Desired		Fee F	Required
City & State City & State						6	6. Election Campaign Financin	9 🗆	\$5.00	<b>)</b> May Be
23	28						Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Zip Country			8.	3. This corporation owes the co	ırrent year I	ntangible	_
24	25	29	30				Personal Property Tax.	<del></del>	X Yes	[]No
	9. Name and Address of Curren	t Registered Agent		_		10	3. Name and Address of New	Registere .	l Agent	<del>_</del>
				81	Name					
BRUCE, MARY				82	Street Address (P.O. Box Number is Not Acceptable)				<del></del>	
3476 BALBOA CIRCLE EAST				-	Greek Address (1.0. dox Harrist 15 Hot / tooplesto)					
NAPLES FL 34105				83	83					
				-	0.1				OF Zin	Code
				84	City			F	85 Zip	Code
11 Pursuant i	to the provisions of Sections 607.050	2 and 607,1508, Florida Statut	es. the a	bove	e-named co	rporatio	on submits this statement for the	ne purpose	f changing (t	s registered
office or re	egistered agent, or bo h, in the State of familiar with, and accept the obligation	of Florida. Such change was a	uithorized	∮bv.	the corpor	ation's b	poard of cirectors. I hereby acc	ept the apt	ointment as r	eg stered
SIGNATUFE		<u>e</u>						DATE		
	Signature, typed or printed ha he of registered agen	it and title if applicable (NO)	: Registered	Agen	t signature req		ADDITIONS/CHANGES TO (		ND DIRECT	ORS IN 12
TITLE	D OFFICERS AN	DELETE	1.1 Ti	TI E			ADDITIONAL TO C	ZI I IOLIKO	Change	
	•	L_ DELL'C	1.2 N							
NAME .	BRUCE, MARY									
STREET ADDRESS	3476 BALBOA CIRCLE EAST				ADDRESS					
CITY-ST-ZIP	NAPLES FL 34105	☐ DELETE	1.4 CI	TY-S	T-ZIP				Change	Addition
TITLE		C DELL'								<b>G</b>
NAME			2.2 N							
STREET ADDRESS					ADDRESS					
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TITLE		[] DEFETE	3 1 TI		}				Change	
NAME			3.2 N		i					
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CITY-ST-ZIP			_	_	T-ZIP					- Addition
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NAME			4.2 N	IAME						
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CITY-ST-ZIP			_	TY-S	T-ZIP					F7 1.12
TITLE		☐ DELETE	5 1 TI						Change	Addition
NAME			5.2 N							
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CITY-ST-ZIP	·			TY-S	T-ZIP					- <del></del>
TITLE		☐ DELETE	6.1 TI	TLE					Change	Addition
NAME			6.2 N	AME						
STREET ADDRESS			6.3 S	TREET	T ADDRESS					
CITY-ST-ZIP			6 4 C	TY-S	T-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementa annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the information 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 change 1, or on an attachment with an address, with all other like empowered

CR2E034 (11/98)