Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90253 043 \*\*\*150.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000087089

1. Corporation Name

A. II. A. II.	
Principal P ace of Business Mailing Address  2316 LAKESHORE DRIVE 2316 LAKESHORE DRIVE NOKOMIS FL 34275  NOKOMIS FL 34275	DO NOT WRITE IN THIS SPACE
	3. Date Incorporated or Qualifed 10/09/1998
2. Principal Place of Business 2a. Mailing Address	4. FEI Number Applied For
	65-0383612 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.	5. Certificate of Status Desired See Required
22         27           City & State         City & State	& Flection Campaign Financing \$5.00 Hay Re
2328	Trust Fund Contribution Added to Fees
Zip Country Zip Country	8. This corporation owes the current year Intangible
24 25 29 30	Persor al Property Tax. ☐ Yes ☐ No
9. Name and Address of Current Registered Agent	10. Name and Address of New Registers d Agent
81 Nam	пе
FABER, JOYCE A	et Address (P.O. Box Number is Not Acceptable)
2316 LAKESHURE DRIVE	
NOKOMIS FL 34275	
84 City	EL 85 Zip Code
41 Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes, the above-name	ed or reporation submits this statement for the purpose of changing its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-name office or registered agent, or both, in the State of Florida. Such change was authorized by the collagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	ed corporation submits this statement for the purpose of changing its registered proporation's board of directors. I hereby accept the appointment as registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the collagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE	proportion's board of directors. Thereby accept the appointment as registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the co- agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	propriation's board of directors. I hereby accept the appointment as registered by required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
office or registered agent, or both, in the State of Florida. Such change was authorized by the collagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed have need registered agent and title if applicable.  (NOT :: Registered Agent signature)	proportition's board of directors. I hereby accept the appointment as registered on the remarkating and the second of the second
office or registered agent, or both, in the State of Florida. Such change was authorized by the collagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOT :: Registered Agent signature)  12. OFFICERS AND DIRECTORS  13.	propriation's board of clirectors. I hereby accept the appointment as registered by required when reinstaling)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
office crregistered agent, or both, in the State of Florida. Such change was authorized by the collagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIgnature, typed or printed in the of registered agent and title if applicable. (NOT :: Registered Agent signature)  12. OFFICERS AND DIRECTORS  13.  TITLE  PTD  DELETE  1.1 TITLE	propriation's board of directors. I hereby accept the appointment as registered  DATE  ADDITIONS/CHANGES TO OFFICERS, AND DIRECTORS IN 12  Change Addition
office crregistered agent, or both, in the State of Florida. Such change was authorized by the conagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIgnature, typed or printed halp or registered agent and title if applicable. (NOT E: Registered Agent signature).  12. OFFICERS AND DIRECTORS  13.  TITLE  PTD  FABER, JOYCE A  STREET ADDRESS  2316 LAKESHORE DRIVE  1.3 STREET ADDRESS	propriation's board of directors. I hereby accept the appointment as registered  DATE  ADDITIONS/CHANGES TO OFFICERS, AND DIRECTORS IN 12  Change Addition
office c registered agent, or both, in the State of Florida. Such change was authorized by the collagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIgnature, typed or printed na Tie of registered agent and title if applicable. (NOT Exegistered Agent signature)  12. OFFICERS AND DIRECTORS  13.  TITLE  PTD  FABER, JOYCE A  1.2 NAME  STREET ADDRESS  1.3 STREET ADDRESS	propriation's board of directors. I hereby accept the appointment as registered  DATE  ADDITIONS/CHANGES TO OFFICERS, AND DIRECTORS IN 12  Change Addition
office crregistered agent, or both, in the State of Florida. Such change was authorized by the conagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIgnature, typed or printed na tie of registered agent and title if applicable. (NOT E: Registered Agent signature)  12. OFFICERS AND DIRECTORS  13. TITLE  PTD  FABER, JOYCE A  11.1 TITLE  12. NAME  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  NOKOMIS FL 34275  14. CITY-ST-ZIP	proportition's board of directors. Thereby accept the appointment as registered  DATE  ADDITIONS/CHANGES TO OFFICERS, AND DIRECTORS IN 12  Change Addition
office crregistered agent, or both, in the State of Florida. Such change was authorized by the coagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIgnature, typed or printed halpe of registered agent and title if applicable. (NOT a Registered Agent signature).  12. OFFICERS AND DIRECTORS  13. TITLE  PTD  FABER, JOYCE A  STREET ADDRESS  CITY-ST-ZIP  NOKOMIS FL 34275  TITLE  SVD  DELETE  2.1 TITLE  2.1 TITLE  2.1 TITLE	DATE
office crregistered agent, or both, in the State of Florida. Such change was authorized by the coagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or protein a ne of registered agent and title if applicable. (NOT :: Registered Agent signature).  12. OFFICERS AND DIRECTORS	DATE     ADDITIONS/CHANGES TO OFFICERS   AND DIRECTORS IN 12   Change   Addition   Addition   Change   Addition   Addition   Change
office crregistered agent, or both, in the State of Florida. Such change was authorized by the coagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13.  TITLE  PTD  OFFICERS AND DIRECTORS  1.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  NOKOMIS FL 34275  TITLE  NOKOMIS FL 34275  TITLE  NAME  LUSE, SHARON B  STREET ADDRESS  816 PINEAPPLE AVE  STREET ADDRESS  816 PINEAPPLE AVE  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  2.3 STREET ADDRESS  3.4 CITY-ST-ZIP  1.5 TITLE  2.7 TITL	DATE
office crregistered agent, or both, in the State of Florida. Such change was authorized by the coagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or protein a ne of registered agent and title if applicable. (NOT :: Registered Agent signature)   12.	DATE     ADDITIONS/CHANGES TO OFFICERS   AND DIRECTORS IN 12   Change   Addition   Addition   Change   Addition   Addition   Change
office crregistered agent, or both, in the State of Florida. Such change was authorized by the coagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed in a ne of registered agent and title if applicable.   (NOT :: Registered Agent signature)	ADDITI()NS/CHANGES TO OFFICERS. AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
office crregistered agent, or both, in the State of Florida. Such change was authorized by the coagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed in a ne of registered agent and title if applicable.   (NOT :: Registered Agent signature)	DATE   ADDITIONS/CHANGES TO OFFICERS   AND DIRECTORS IN 12   Change   Addition   Change   Chan
office crregistered agent, or both, in the State of Florida. Such change was authorized by the coagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed in the of registered agent and title if applicable.   (NOT Executive Agent signature)	ADDITI()NS/CHANGES TO OFFICERS, AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
office crregistered agent, or both, in the State of Florida. Such change was authorized by the coagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed in the of registered agent and title if applicable.   (NOT :: Registered Agent signature)	DATE   ADDITIONS/CHANGES TO OFFICERS   AND DIRECTORS IN 12   Change   Addition   Change   Chan
office crregistered agent, or both, in the State of Florida. Such change was authorized by the coagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed in the of registered agent and title if applicable.   (NOT :: Registered Agent signature)	DATE ADDITI()NS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition  Change Addition  Change Addition  Change Addition  Change Addition
office crregistered agent, or both, in the State of Florida. Such change was authorized by the coagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIgnature, typed or printed halpe of registered agent and title if applicable. (NOT E: Registered Agent signature)  12. OFFICERS AND DIRECTORS  13. TITLE  PTD  FABER, JOYCE A  1.1 TITLE  1.2 NAME  STREET ADDRESS  CITY-ST-ZIP  NOKOMIS FL 34275  TITLE  NOKOMIS FL 34275  TITLE  SVD  LUSE, SHARON B  STREET ADDRESS  CITY-ST-ZIP  NOKOMIS FL 34275  TITLE  DELETE  3.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  TITLE  DELETE  4.1 TITLE  NAME  NAME  AL CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  NAME  AL CITY-ST-ZIP  TITLE  NAME  AL CITY-ST-ZIP  TITLE  AL CITY-ST-ZIP  TITLE  AL CITY-ST-ZIP  TITLE  AL CITY-ST-ZIP  AL CITY-ST-ZIP  AL CITY-ST-ZIP  TITLE  AL CITY-ST-ZIP  AL CITY-ST-ZIP  AL CITY-ST-ZIP  AL CITY-ST-ZIP  AL CITY-ST-ZIP  TITLE  AL CITY-ST-ZIP  AL CITY-ST-ZIP  AL CITY-ST-ZIP  TITLE  AL CITY-ST-ZIP  AL CITY-ST-ZIP  AL TITLE  AL CITY-ST-ZIP  AL	DATE ADDITI()NS/CHANGES TO OFFICERS, AND DIRECTORS IN 12 Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition
office criregistered agent, or both, in the State of Florida. Such change was authorized by the coagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  13.  11TILE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  NOKOMIS FL 34275  1.4 CITY-ST-ZIP  TITLE  NOKOMIS FL 34275  DELETE  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NOKOMIS FL 34275  DELETE  3.1 TITLE  3.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  4.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  AND DELETE  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  STREET ADDR	DATE ADDITI()NS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition  Change Addition  Change Addition  Change Addition  Change Addition
office criregistered agent, or both, in the State of Florida. Such change was authorized by the coagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  13.  11TILE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  NOKOMIS FL 34275  1.4 CITY-ST-ZIP  TITLE  NOKOMIS FL 34275  DELETE  3.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  4.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  STREET A	DATE ADDITI()NS/CHANGES TO OFFICERS, AND DIRECTORS IN 12 Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition
office criregistered agent, or both, in the State of Florida. Such change was authorized by the coagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed halp or or registered agent and title if applicable. (NOT Exequistered Agent signature)   12.	DATE ADDITI()NS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition
office cr registered agent, or both, in the State of Florida. Such change was authorized by the coagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOT :: Registered Agent signature). (NOT :: Registered Agen	Change   Addition   Change   Change   Addition   Change   Chang
office cr registered agent, or both, in the State of Florida. Such change was authorized by the coagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOT a Registered Agent signature)   12.	Change   Addition   Change   Change   Addition   Change   Chang

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 if changed or on an attachment with an address, with a lother like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)