ANNUAL REPORT

1999

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## Feb 24, 1999 8:00 am Secretary of State 02-24-1999 90121 003 \*\*\*150.00

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DOCUMENT#	P98000087214

1. Corporation Name

HARRIS CHISTOM MARRIE & THE INC.

		LL, 1110.						
Principal Place	of Business	Mailing Address						•
435 TWELFTH		1435 TWELFTH ST. N.						
.NAPLES.FL.34102					DO NO	T WRITE IN TH	S SPACE	
					<ol> <li>Date Incorporated or Q 10/12/1998</li> </ol>	ualifed		
2 Principal Pt	ace of Business	2a. Malling Address			4. FEI Number		Api	plied For
1]		26			X 65-0872	<b>346</b>	No	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Des	sired 🔲	\$8.75 A	
2)		City & State			6. Election Campaign Fina	andra	\$5.00	May Ro
City & State	Ð	28			Trust Fund Contribution	- 11	Added to	
<u> </u> ≆Zip≂ ⊃	Country Country		Cour	ntry = 55			ntangible	
า	25	29	30		Personal Property Tax.		☐Yes	□No
<u> </u>	9. Name and Address of Cu	<u>., .1                                </u>	135,		10. Name and Address of	New Registered	Agent	
				81 Name				
	ris, eric 5 twelfth st. n.		}	82 Street Add	iress (P.O. Box Number is Not	Acceptable)	•	
	LES FL 34102		ŀ	83	······································			
							1	
				84 City		F	85 Zip C	
	15 15 607	.0502 and 607.1508, Florida Stat state of Florida. Such change was bigations of Section 607.0505, F	huten the ab	ove named con	noration submits this statement	for the purpose of	of changing its	registered
T. Pursuant office or re	to the provisions of Sections 607 egistered agent, or both, in the S	State of Florida. Such change was	authorized	by the corporat	ion's board of directors. I hereb	y accept the app	ointment as reg	jistered
	المراحمة فستحجج المعيم المادلان والزارات والأراث						^	
agent. I a	m tamiliar with, and accept me of	bilgations of Section 607.0505, F	-lorida Statu	tes.	<b>t</b> _	_11.99	1	Ì
	allow and					<u> - 11-9 °</u>	1	<del></del>
SIGNATURE	Signature, typed or printed name of registers	ed agent and title if applicable (NO	TE: Registered	iles. Agent signature requir	ed when reinstating)	DATE	<u>. L</u>	<del></del>
IGNATURE 2.	Signature, typed or printed name of registers OFFICER:			Agent signature reque	ad when reinstating) ADDITIONS/CHANGES	TO OFFICERS A	ND DIRECTO	<del></del>
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SIGNATURE  2. TLE  AME  TREET ADDRESS	Signature, typad or privated name of registers  OFFICER:  PAES I DEN   HARRIS, ERIC  1435 TWELFTH ST. N.	od agent and title if applicable (NO S AND DIRECTORS	13. 13. 1.1 IIII 12 NAJ 13 STI	Agent signature require  LE V P  ME  REET ADDRESS	ADDITIONS/CHANGES  GINA HARR  1435 12 12 5	TO OFFICERS A	ND DIRECTO	<del></del>
SIGNATURE  2. TILE  AME TREET ADDRESS TTY-ST-ZIP	Signature, typad or privated name of registers  OFFICER:  OFFICER:  HARRIS, ERIC	od agent and title if applicable (NO S AND DIRECTORS	13. 13. 1.1 IIII 12 NA 13 STE 1.4 CII	Agent signature requirements  LE V P  ME  REET ADDRESS Y- ST- ZIP	ADDITIONS/CHANGES	TO OFFICERS A	ND DIRECTO	RS IN 12
2. TLE AME TREET ADDRESS TTY-ST-ZIP	Signature, typad or privated name of registers  OFFICER:  PAES I DEN   HARRIS, ERIC  1435 TWELFTH ST. N.	bed againt and title if explicable (NO S AND DIRECTORS	13, 1.1 IIII 12 NA 1.3 STF 1.4 CIT 2.1 IIIII	Agent signature requirements  LE V P  ME  ACET ADDRESS  Y. ST. ZIP  LE	ADDITIONS/CHANGES  GINA HARR  1435 12 12 5	TO OFFICERS A	NO DIRECTO	RS IN 12
SIGNATURE  2. THE  WHE  TREET ADORESS  TY-ST-ZIP  THE	Signature, typad or privated name of registers  OFFICER:  PAES I DEN   HARRIS, ERIC  1435 TWELFTH ST. N.	bed againt and title if explicable (NO S AND DIRECTORS	13. 1.1 TITI 12 NAI 13 STI 14 CIT 21 TITI 22 NAI	Agent signature requirements  LE V P  ME  ME  ME  ME  ME  ST. ZIP  LE  ME	ADDITIONS/CHANGES  GINA HARR  1435 12 12 5	TO OFFICERS A	NO DIRECTO	RS IN 12
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SIGNATURE  2. THE  MME  TREET ADDRESS  TY-ST-ZIP  THE  AME  TREET ADDRESS  TY-ST-ZIP  THE  TREET ADDRESS  TY-ST-ZIP  THE  TREET ADDRESS  TY-ST-ZIP	Signature, typad or privated name of registers  OFFICER:  PAES I DEN   HARRIS, ERIC  1435 TWELFTH ST. N.	DELETE  DELETE  DELETE	13. 1.1 IIII 12 NAV 13 STI 2.1 IIII 2.2 NAV 2.3 STI 2.4 CII 3.1 IIII 3.2 NAV 3.3 STI 4.2 NA 4.3 STI 5.2 NAV 5.3 STI 5.4 CII 5.4 CII 5.5 STI 5.4 CII	AGENT SIGNATURE FROQUE  LE  ME  REET ADDRESS  YY, ST. ZIP	ADDITIONS/CHANGES  GINA HARR  1435 12 12 5	TO OFFICERS A	Change  Change	Addition  Addition  Addition
SIGNATURE  2. TILE  AME  TREET ADDRESS  TY-ST-ZIP  TILE	Signature, typad or privated name of registers  OFFICER:  PAES I DEN   HARRIS, ERIC  1435 TWELFTH ST. N.	ped pagent and still of applicable S AND DIRECTORS DELETE DELETE DELETE	13. 1.1 IIII 12 NAV 13 STI 2.1 IIII 2.2 NAV 2.3 STI 2.4 CIT 3.1 IIII 3.2 NAV 3.3 STI 4.2 NA 4.3 STI 5.2 NAV 5.3 STI 5.4 CIT 6.1 TITI 6.1 TITI	AGENT SIGNATURE FROQUE  LE ME REET ADDRESS YY. ST. ZIP LE ME REET ADDRESS TY. ST. ZIP LE ME REET ADDRESS YY. ST. ZIP LE ME	ADDITIONS/CHANGES  GINA HARR  1435 12 12 5	TO OFFICERS A	Change  Change  Change	RS IN 12  Addition  Addition  Addition
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thereby 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 call; 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.