PROPERATION ANNUAL REPORT 1999 DOCUMENT # PRODUCTION OF THE Secretary of State Secretary (Arithe of Southwest FL Inc. Properation have Securally (Arithe of Southwest FL Inc. Properation and Southwest FL Inc. Properation have Securally (Arithe of Southwest FL Inc. Properation have Securally (Arithe of Southwest FL Inc. Properation have of Biograms 3403 Winkles Ave. Polson / 10 448 Properation have Securally (Arithe of Southwest FL Inc. Properation have of Biograms 3403 Winkles Ave. Polson / 10 448 Properation have See A Southwest FL Inc. Properation have of Biograms 3403 Winkles Ave. Polson / 10 448 Properation have of Biograms 3403 Winkles Ave. Polson / 10 448 Properation have of Biograms 3403 Winkles Ave. Polson / 10 448 Properation have been been been been been been been be	AMOUNT DUE	SCE: CORPORATION WILL B ON OR BEFORE 09/15/99: \$550 (IF				, F	ILED	
1999 DOCUMENT # PRODUCES SUMMENT FLUL. Principal Please of Business Security (Artital of Southwest FLUL) Principal Please of Business Security (Artital of Southwest FLUL) Principal Please of Business August Flux Flux Flux Flux Flux Flux Flux Flux		A.27.				gg NOV		
DOCUMENT # POTO STATE OF STATE CORPORATION NAME Security After of Southwest FLIX. Proposition have Security After of Southwest FLIX. Proposition have Security After of Southwest FLIX. Proposition have Security After of Southwest FLIX. Proposition for Southwest FLIX. Proposition flux or Brunness The Do Not Write In This SPACE Subsequence of Southwest FLIX. Proposition flux or Brunness Subsequence of Southwest Flux or						75 NUV ~	1 AM 11:59	
Course and Address of Business Proceed Frace of Busine	1	999				SECRETA	RY OF STATE	•
Course and Address of Business Proceed Frace of Busine			<u>7</u> -7-700	2102	•	IALLAHAS	SEE. FLORIDA	1
Principal Place of Business 3 403 WinkleR Ave. ROBOK 1/0448 NAPLES, R. 34/07-0108 Applies for DNOT WRITE IN THIS SPACE 2 Formight Place of Business 3 34/03 WinkleR Ave. 2 A Mailing Address 2 FOR DNOT WRITE IN THIS SPACE 2 FOR Mailing Address 2 FOR DNOT WRITE IN THIS SPACE 2 FOR Mailing Address 2 FOR DNOT WRITE IN THIS SPACE 2 FOR Mailing Address 2 FOR DNOT WRITE IN THIS SPACE 2 FOR Mailing Address 2 FOR Mailing Address 2 FOR Mailing Address 3 FOR Address 4 FEI Number 4 FEI Number 4 FEI Number 5 FOR Mailing Address 5 FOR WAR 5 FOR Mailing Address 6 For Mailing Address 7 FOR Mailing Address 7 FOR Mailing Address 7 FOR Mailing Address 7 FOR MAILING WRITE IN THIS SPACE 2 FOR Mailing Address 7 FOR Mailing Address 7 FOR Mailing Address 7 FOR Mailing Address 7 FOR MAILING WRITE IN THIS SPACE 8 FOR MAILING WRITE IN THIS SPACE 8 FOR MAILING WRITE IN THIS SPACE 8 FOR MAILING WRITE IN THIS SPACE 9 FOR MAILING WRITE IN THIS SPACE 1 FOR WRITE IN THIS	 Corporation 	Name		7400				-
3 House Ave. P.O. Box 10 448 April April Applied For App	Se	curity (Atit	AL of	Southwe	OT FL INC.			
3 WINKER AVE. P.O. BOX 110 448 WARLES, R. 9410Y-0108 2. Principal Place of Business 2. Maing Address 22. Maing Address 25. Maing Address 2	Principal Piace	of Business	Mailing	Address		1		
Age Country	3403	WINKLER AUE.	P.C	Box 11	0448			
2. Proncipiol Piaco of Bounces 2. A Maling Address 2. A Maling Add	G. 0.	Wens FT.	'N	APLES, F	ζ	DO NO	T WRITE IN THIS SP	ACE
22 Principal Place of Business 22 Malling Address 28 Principal Place of Business 27 Principal Place of Busi	7 1 4 2	•		•	34/08.0108	3. Date Incorporated or Qu	ialified C. S.	
\$ 1. Suppose S	2 Principal Pla		2a Maili	ng Address		4 FEI Number	1970	Applied For
S. Certification of Statuto Desired Fee Required S. Certification S. S. O. May Be City & Statute S. O. May Be 28 3 1 1 1			- A	~ A	0448	593537	992	
City & State Country Zig Added to Fees Zig July July Zig Zig	Suite, Apt. #	, etc.	<u></u> ⊢		· -	5. Certificate of Status Dea	sired 🔲	
23 3 9/6					, Ph.	6 Election Compaign Fine	ncina	
24 23 1, 3, 4, 39 30 U.S.A. Imagine Personal Property.	23 23		28 3 Y			' '		
9. Name and Address of Current Registered Agent Autonio FA64	·	— · ·	⊢ — `			1		vas TVNo
### Special Control of the Change Addition	<u> </u>			Agent	30 437			
Street Address (F.O. Box Number is Not Acceptable) Street Address (F.O. Box Number is Not Acceptable) Street Address (F.O. Box Number is Not Acceptable)	0.	FACA	Fear	.'	81 Name		-	
The provision of sections 607 0502 and 607 1506. Florids Statutes, the storp-remoted corporation submits this statement for the purpose of changing its registered of provision statement and spent or both in the State of Florids. Statutes, the storp-remoted corporation submits this statement for the purpose of changing its registered agent and spent the objective of spent in the first agent. In the first agent of the corporation submits this statement for the purpose of changing its registered agent and storp the corporation submits this statement for the purpose of changing its registered agent and storp the corporation submits this statement for the purpose of changing its registered agent and storp the corporation submits this statement for the purpose of changing its registered agent and storp the corporation submits this statement for the purpose of changing its registered agent and storp the corporation submits this statement for the purpose of changing its registered agent and storp the corporation submits this statement for the purpose of changing its registered agent and storp the corporation submits this statement for the purpose of changing its registered agent agent and storp the corporation submits this statement of the purpose of changing its registered agent agent and storp the corporation and storp the corporation submits this statement of the purpose of change and storp the corporation submits agent agent and storp the corporation and storp the corporation and storp the corporation and storp the corporation and the corporation and the corporation and the storp the corporation and the storp the corporation and the corporation and the corporation and the storp the corporation and the storp the corporation and the corporati					82 Street Addre	ess (P.O. Box Number is Not A	cceptable)	
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was surfortized by the corporation's board of directors. I hereby accept the appointment as registered agent and man familiar with an advacept the obligations of, section 607.0505, Florida Statutes. SIGNATURE	ح ک	'> /214 70e.	Jours	1	83			
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was surfortized by the corporation's board of directors. I hereby accept the appointment as registered agent and man familiar with an advacept the obligations of, section 607.0505, Florida Statutes. SIGNATURE	\mathcal{N}	APLES, FL.	24 m	2	84 City			RE Zin Code
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I heraby accept the appointment as registered agent and monthly in the information with a speciation of 07,505, Florida Statutes. SIGNATURE Signature typed or printed name of registered agent and late # appointment of 18.		·				·	<u> </u>	
SIGNATURE 12	office or re	egistered agent, or both, in the Si	tate of Florida. Su	ich change was a	uthorized by the corporatio	ation submits this statement for n's board of directors. I hereby	the purpose of chang accept the appointm	jing its registered ent as registered
Signature, yound or protest name of regretated aport and list if application QNOTE Registered Aport signature (part of tiped and tiped in protesting) QNTE	=	m familiar with, and accept the of	bligations of, sect	ion 607.0505, Fio	noa Statutes.			
DELETE STREET ADDRESS STREET ADDR								DIDE OTODO IN 40
DELETE STREET ADDRESS STREET ADDR			AND DIRECTOR			ADDITIONS/CHANGES	IO OFFICERS AND	Change Addition
DELETE DELETE 21 TITLE Change Addition NAME STREET ADDRESS 1	NAME			<u> </u>	1.2 NAME		_	
DELETE STREET ADDRESS STREET ADDR		3403 WINKLER	Aue.	,	1			
NAME STREET ADDRESS CITY-STZIP NAME DELETE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS CITY-STZIP 1.2 TITLE NAME 3.3 STREET ADDRESS CITY-STZIP 1.3 TITLE 1.3		Hyers, M	33 //					
CHYST2P	NAME				2.2 NAME	1000	<u>നയവക്പ്</u>	•
DELETE 3.1 TITLE 3.2 NAME 3.2 NAME 3.3 NAME 3.3 NAME 3.3 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ADDRESS 6.3 STREET ADDRES	STREET ADDRESS					1000		
NAME STREEL ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition AME STREET ADDRESS CITY-ST-ZIP DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE S.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE S.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS TO ADDRESS TITLE TO ADDRESS TO				DELETE			***150.00	
CITY-ST-ZIP TITLE DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition Change Addition Change Addition Change Addition AME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE 5.1 TITLE Change Addition Change Addition Change Addition Change Addition AME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addition AME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addition AME STREET ADDRESS 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 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.								Change Addition
TITLE NAME Addition AMME STREFT ADDRESS CITY-ST-ZIP TITLE DELETE DELETE 5.1 TITLE Change Addition Addition AAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition Addition AAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE S.1 TITLE Change Addition Addition Change Addition Change Addition Addition Addition AMME STREFT ADDRESS CITY-ST-ZIP TITLE S.1 TITLE S.1 TITLE Change Addition Addition Addition AMME STREFT ADDRESS 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 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 for on an attachment with an address.	STREET ADDRESS							
NAME STREET ADDRESS COTY-ST-ZIP TITLE DELETE STREET ADDRESS COTY-ST-ZIP TITLE STREET ADDRESS COTY-ST-ZIP TITLE DELETE STREET ADDRESS COTY-ST-ZIP TITLE STREET ADDRESS COTY-ST-ZIP TITLE DELETE STREET ADDRESS COTY-ST-ZIP TITLE STREET ADDRESS COTY-ST-ZIP TITLE STREET ADDRESS COTY-ST-ZIP TITLE STREET ADDRESS COTY-ST-ZIP STREET ADDRESS COTY-ST-ZIP STREET ADDRESS COTY-ST-ZIP THE CONTROL OF ADDRESS COTY-ST				DELETE				Channe Addition
CITY-ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.4 CITY-ST-ZIP TITLE Change Addition Addition Change Addition Change Addition Change Addition Change Addition Change Addition AMME STREET ADDRESS 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 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.	i i			DECETE	ŧ I		(_	Change [] Addition
THE DELETE STITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP THE DELETE STITLE SA CITY-ST-ZIP DELETE STITLE SA CITY-ST-ZIP Change Addition Change Addition Change Addition	STREET ADORESS				4.3 STREET ADDRESS			Ì
STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS 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 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 truese 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.	· · · · · · · · · · · · · · · · · · ·							
SACITY-ST-ZIP INTLE NAME STREFT ADDRESS 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 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 truese 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.	1			DETELE	L		ليا	Criange L. Adoltion
INTILE NAME STREFT ADDRESS 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 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 truese 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.	STREET ADDRESS				5 3 STREET ADDRESS			
NAME 5TREFTADDRESS 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 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 truese 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.				· [7]				
5. STREET ADDRESS 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 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 truetee 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.				☐ DELETE	I i		Ц	Change Addition
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 truetee 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.								
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 for on an attachment with an address.		diff. that the information and the transfer	with this Cline of	n not assetted to the		on 440 07/9V// Florida 6: 1	a I findhaa	KE
SIGNATURE: Mobil Seven, President 10-26-99 941-278-3313	indicated or an officer or	n this annual report or supplement r director of the corporation or the	ntal annual report e receiver or trust	is true and accura ee empowered to	ate and that my signature t	shall have the same legal effer	t as if made under or	ath; that I am
	in Block 12	or Block 13 if changed or on an	anachment	MI BUUI 655.				1

Antonio Faga Counselor at law V

375 Twelfth Avenue South Nopies, florida 34102 941+403+9500 for 941+403+9505

October 27, 1999

Annual Reports Filings
Division of Corporations
Post Office Box 1500
Tallahassee, Florida 32302-1500

Re: Security Capital of Southwest Florida, Inc.

Dear Sir/Madam:

Please be advised that I am the registered agent of Security Capital of Southwest Florida, Inc. It has been brought to my attention that the corporation has been dissolved for failure to file annual report. Pursuant to my conversation with the Division of Corporations the annual report mailed to Security Capital of Southwest Florida, Inc., was mailed to an incorrect mailing address and returned to the Division of Corporations.

Therefore, I enclose the completed 1999 Profit Corporation Annual Report for filing with the Secretary of State, Division of Corporations and a check in the amount of \$150.00 for the annual filing fee.

Would you please waive the late fee for filing of this annual report as we did not receive the original report mailed previously.

If you have any questions, please do not hesitate to contact me.

XXX

AF/tls

Enclosures

i a i hudiri Ana Agre yw 14 Clarasca Streat i na Aguriche 18501 i 315 - 747 - 1041 i as 175 - 744 - 1041