PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P98000093344

DCAWILSON SUITE, INC.

## FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90102 037 \*\*\*150.00



				ו זנועס הוובס נונסו וסוסו סנו נעקונסטו ז	Bits 55115 16168 (1429	Tres Bebes Bene idin.	
Principal Place of Business Mailing Address							
1343 MAIN STREET, SEVENTH FLOOR 1343 MAIN STREET, SEVENTH F SARASOTA FL 34236 SARASOTA FL 34238		inth flo	OOR	DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed			1
				11/03/1998			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	$\rightarrow \sqcup$	Applied For	1
	28		•••-	65-0872808		Not Applicable	l
Suite, Apt. #, etc.	Suite, Apt. #. etc.			5. Certificate of Status Desired   \$8.75 Additional Fee Required			
City & State	City & State.			8. Election Campaign Financing \$5.00 May Be			}
23	28			Trust Fund Contribution Added t		led to Fees	ļ
Zip Country	Zlp	Cot	untry	8. This corporation owes the current	year Intangible		ļ
24 25	29	30		Personal Property Tax.	Yes	□No	l
9. Name and Address of Current	t Registered Agent		]	10. Name and Address of New Reg	Istered Agent		Į
			81 Name				1
TAAFFE, MICHAEL S			00 00-10	Iress (P.O. Box Number is Not Acceptable	<del></del>	<del></del>	ſ
240 S PINEAPPLE AVE, TENTH FLOO	OR		82 Street Add	INSS (P.O. BIDI NUMBER IS NOT ACCEPTABLE	*)	ļ	
SARASOTA FL 34236			83				
			84 City		FL)	Zip Code	
11. Pursuant to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	tes, the a	bove named con	poration submits this statement for the pu	rpose of changing	g its registered	]
<ol> <li>Pursuant to the provisions of Sections 607.0503 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligat</li> </ol>	of Florida. Such change was a	authorize: orkia Stat	d by the corporat	ion's board of directors. I hereby accept t	ne appointment a	a tagistated .	
	(IOI S OI, SHOUGH OUT 1000), 1 K	- March C. 101					[
SIGNATURE Signature, typed or printed name of registered agent	d and title if applicable. (NOTI	E: Registered	d Agent signature requir	ed when reinstating)	DATE		l @
	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC		CR2E034 (11/98)
TILE STEVED MOTEK	☐ DELETE	f.1 T	IRE .		☐ Char	nget 🗌 Addition	=
NAME OVER THE	' / <sub>4</sub> O	12N	IAME			,	B
STREET ADDRESS 12.12 Main St	7th How	135	TREET ADDRESS				유
1243 // 21	24226		TY-ST-ZIP				l N
mue Sarasota, PC							1 22
***C	□ DELETE				☐ Chan	nge Addition	క
Laure I	DELETE	2.1 TI	TLE .		Char	ige Addition	წ
NAME	⊒ DELETE	2.1 Ti 2.2 N	TLE MANÉ		☐ Chan	vge Addition	ජ 
STREET ADDRESS	DELETE	2.1 TI 22 N 2.3 S	ITLE NAME TREET ADDRESS		☐ Chan	vge Addition	<del>ၓ</del>
STREET ADDRESS ·		2.1 TI 2.2 N 2.3 S 2.4 C	ITLE  IAME  STREET ADDRESS  CITY-ST-ZIP		☐ Char	· · · • · · · · · · · · · · · · · · · ·	క
STREET ADDRESS	☐ DELETE	2.1 TO 22 N 23 S 2.4 C 3.1 TO	ITLE IAME ITREET ADDRESS CITY-ST-ZIP ITLE			· · · • · · · · · · · · · · · · · · · ·	e E
STREET ADDRESS		2.1 Ti 22 N 2.3 S 2.4 C 3.1 Ti 3.2 N	TILE  LAME  LITREET ADDRESS  CITY-ST-ZIP  TILE  LAME			· · · • · · · · · · · · · · · · · · · ·	8 
STREET ADDRESS		2.1 Ti 22 N 2.3 S 2.4 C 3.1 Ti 3.2 N 3.3 S	TILE  IAME  TREET ADDRESS  CITY-ST-ZIP  TILE  IAME  TREET ADDRESS			· · · • · · · · · · · · · · · · · · · ·	8
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 Ti 22 N 2.3 S 2.4 C 3.1 Ti 3.2 N 3.3 S 3.4. C	ITLE  LAME  TITREET ADDRESS  CITY-ST-ZIP  TILE  LAME  TITREET ADDRESS  CITY-ST-ZIP		☐ Char	nge 🔲 Addidion	8
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		2.1 Ti 22 N 2.3 S 2.4 C 3.1 Ti 3.2 N 3.3 S 3.4 C	ITLE  LAME  LITREET ADDRESS  CITY-ST-ZIP  ITLE  LAME  LITREET ADDRESS  CITY-ST-ZIP  ITLE			nge 🔲 Addidion	<del>8</del>
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	21 TI 22 N 23 S 2.4 C 3.1 TI 32 N 3.3 S 3.4 C 4.1 TI 4.2 N	ITLE  LAME  TREET ADDRESS CITY-ST-ZIP  TLE  LAME  TREET ADDRESS CITY-ST-ZIP  TILE  LAME  LAME  LAME  LAME  LAME  LAME  LAME		☐ Char	nge 🔲 Addidion	<del>8</del>
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	☐ DELETE	21 TI 22 N 23 S 2.4 C 3.1 TI 32 N 3.3 S 3.4 C 4.1 TI 4.2 N	ITLE  LAME  LITREET ADDRESS  CITY-ST-ZIP  ITLE  LAME  LITREET ADDRESS  CITY-ST-ZIP  ITLE		☐ Char	nge 🔲 Addidion	8
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	☐ DELETE	21TT 22N 238 2.40 31TT 32N 33S 3A.0 4.1TT 4.2N 43S	ITLE  LAME  TREET ADDRESS CITY-ST-ZIP  TLE  LAME  TREET ADDRESS CITY-ST-ZIP  TILE  LAME  LAME  LAME  LAME  LAME  LAME  LAME		□ Cher	nge Addition	8
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	☐ DELETE	21TT 22N 238 2.40 3.1TT 32N 3.3 \$ 3.4.0 4.1TT 4.2N 4.3\$ 4.40 5.1TT	TILE  HAME  STREET ADDRESS  CITY-ST-ZIP  TILE  HAME  STY-ST-ZIP  TILE  HAME  STY-ST-ZIP  TILE  TILE  HAME  STY-ST-ZIP  TILE		☐ Char	nge Addition	8
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	21TT 22N 238 2.40 3.1TT 32N 3.3 \$ 3.4.0 4.1TT 4.2N 4.3\$ 4.40 5.1TT 5.2N	TILE  HAME  STREET ADDRESS  CITY-ST-ZIP  TILE  HAME  STY-ST-ZIP  TILE  HAME  STY-ST-ZIP  TILE  HAME  STY-ST-ZIP  TILE  HAME		□ Cher	nge Addition	8
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE TABLE STREET ADDRESS CITY-ST-ZIP TITLE	☐ DELETE	21TT 22N 238 2.40 3.1TT 32N 3.3 \$ 3.4.0 4.1TT 4.2N 4.3\$ 4.40 5.1TT 5.2N	TILE  HAME  STREET ADDRESS  CITY-ST-ZIP  TILE  HAME  STY-ST-ZIP  TILE  HAME  STY-ST-ZIP  TILE  TILE  HAME  STY-ST-ZIP  TILE		□ Cher	nge Addition	8
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	☐ DELETE	21TT 22N 238 2.4C 3.1TT 32N 3.3 \$ 3.4.C 4.1TT 4.2N 4.3\$ 4.4C 5.1TT 5.2N 5.3.5°	TILE  HAME  STREET ADDRESS  CITY-ST-ZIP  TILE  HAME  STY-ST-ZIP  TILE  HAME  STY-ST-ZIP  TILE  HAME  STY-ST-ZIP  TILE  HAME		☐ Char	nge Addition  Addition  Addition	83
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME	☐ DELETE	21TT 22N 238 2.4C 3.1TT 32N 3.3 \$ 3.4.C 4.1TT 4.2N 4.3\$ 4.4C 5.1TT 5.2N 5.3.5°	TILE  MANÉ STREET ADORESS CITY-ST-ZIP  TILE MANE STREET ADORESS STY-ST-ZIP		□ Cher	nge Addition  Addition  Addition	85
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	2.1 TI 22 N 23 S 2.4 C 3.1 TI 32 N 33 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S 6.4 C 6.1 TI	TILE  MANÉ STREET ADORESS CITY-ST-ZIP  TILE MANE STREET ADORESS STY-ST-ZIP		☐ Char	nge Addition  Addition  Addition	83
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DELETE	2.1 TI 22 N 23 S 2.4 C 3.1 TI 32 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S 6.4 C 6.1 TI 5.2 N	TILE  MANE STREET ADDRESS CITY-ST-ZIP  TILE WANE STREET ADDRESS STY-ST-ZIP  TILE MANE STREET ADDRESS STY-ST-ZIP  TILE MANE STREET ADDRESS STY-ST-ZIP  TILE TREET ADDRESS STY-ST-ZIP  TILE TREET ADDRESS STY-ST-ZIP		☐ Char	nge Addition  Addition  Addition	83

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 certify 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 otherwise empowered.

**SIGNATURE** 

SIGN REQUIRED

95-3150 Contract Prome 8