## 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 # S17222

STENDIG FORT MYERS CORP.

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 all other like empowered.

**FILED** Feb 10, 1999 8:00am **Secretary of State** 

02-10-1999 90073 020 \*\*\*150.00



								E18'1 81811   511		
Principal Place of Business Mailing Address										
C/O COMFORT SUITES 13651 INDIAN PAIN LANE		C/O COMFORT SUITES 13651 INDIAN PAINT LANE				DO NOT WRITE IN THIS SPACE				
FT MYERS FL 33912 FT MYERS FL 33912 US US						3. Date Incorporated or Qualifed				
,,						12/10/1990				
2. Principal Place of Business 2a. Mailing Addre			ess			4. FEI Number	Ar	plied For	۱,,	
1		26				63-0237099	No	ot Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75	Additional	7	
2		27				5. Certificate of Status Desired	Fee Re	equired		
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be	ļ	
3		28				Trust Fund Contribution	Added	to Fees	ĺ	
Zip Country		Zip Cou		ıntry		8. This corporation owes the current year Intang				
4 25		29	30			1 Gradual 1 (applity Tax)	Yes	□No	┨	
	9. Name and Address of Currer	nt Registered Agent		041		10. Name and Address of New Registered Ag	ent		┨	
CTE	NINC IOCEDIII			81	Name					
	ndig, Joseph L 51 indian paint Ln		82 Street A			ddress (P.O. Box Number is Not Acceptable)				
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FIR	MYERS FL 33912			83						
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e						poration submits this statement for the purpose of ch			1	
agent.ll a	m familiar with, and accept the obligation of registered age	š				ed when reinstating)		<del></del>	]	
12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFFICERS AND			9	
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NAME	STENDIG, JOSEPH L		1.2 N		ļ				3	
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CITY-ST-ZIP	FT MYERS FL		_	ITY-ST	r- ZIP		7 Change	- Addition	i i	
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NAME					ADDRESS				{	
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CITY-ST-ZIP TITLE		☐ DELETE	6.1 T				Change	Addition	1	
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SIGNATURE: