Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90012 049 \*\*\*150.00

## 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** 

Principal Place of Business   Mailing Address   1645 FOX CREEK DR SARASOTA FL 34240	i. Corporatio	MENT # <b>S46629</b> TERPRISES OF SARASOTA,	INC.							
SARASOTA FL 34240 US    SAME	Principal Place of Business Mailing Address						1 10011010 11 <del>1</del> 81610 07110 01410 1	(BIB (BI) BIB) (		191 VIVI 1889
2. Principal Place of Business	1645 FOX CREEK DR. 1645 FOX CREE SARASOTA FL 34240 SARASOTA FL		SARASOTA FL 34240						SPACE	·
2. Principal Place of Business   2a. Mailing Address   5. Certificate of Status Desired   5. Certificate of Status Desired Agent Desired National Plant						3.	•			
Suite Apt. #, etc. 27   Suite Apt. #, etc. 28   City & State 29   Suite Apt. #, etc. 28   Suite Apt. #, etc. 29   Suite Apt. #	2. Principal P	lace of Business	2a. Mailing Address			4.			• Ар	plied For
Suite Apt. #, etc.    Suite Apt. #, etc.   Suite Apt. #, etc.	21	——————————————————————————————————————					65-0259282		No	t Applicable
City & State 28 City & State 28 City & State 28 City & State 28 Trust Fund Contribution Campaign Financing Added to Fees 29 State 29 State 20 State 2	Suite Apt.	#, etc.	<b>⊢</b>	-1-		5.	. Certifcate of Status Desired			
Zip   Country   Zip   Country   Zip   Country   Sinetrances   Sinetran		<u>'</u>				6	. Election Campaign Financing		\$5.00	May Be
Zip			28					LJ	•	
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name    Street Address   S		Country	Zip	Cour	itry	8.	. This corporation owes the cur	rent year Int		
KAUFFMAN, K S 1645 FOX CREEK DR SARASOTA FL 34240  31. 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 agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, hyade or printed name of registered agent and time if applicable.   (NOTE, Registered Agent algorithment evisitables)   DATE   Signature, hyade or printed name of registered agent and time if applicable.   (NOTE, Registered Agent algorithment evisitables)   DATE   Signature, hyade or printed name of registered agent and time if applicable.   (NOTE, Registered Agent algorithment evisitables)   DATE   SHUE, RICHARD   DELETE   11 TITLE   Change   Addition of the purpose of changing its registered agent algorithment as registered agent algorithment evisitables   DATE   Change   Addition of the purpose of change   Addition of the purpose   Agent algorithment   Agent al	24	25	29 3	30						□ No
Street Address (P.O. Box Number is Not Acceptable)   Received	Name and Address of Current Registered Agent					10	Name and Address of New	Registered	Agent	
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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TIME  NAME  SHUE, RICHARD  STREET ADDRESS  CITY-ST-ZIP  SHUE, MICHAEL  STREET ADDRESS  SARASOTA FL 34239  DELETE  1.1 TITLE  Addition  Addition  SHUE, MICHAEL  STREET ADDRESS  SARASOTA FL 34239  DELETE  2.1 TITLE  D Change Addition  NAME  SHUE, MICHAEL  STREET ADDRESS  SARASOTA FL  SARAS	KALIECMANI K.C.				81 Name		_			
SARASOTA FL 34240  83  84 City  FL 85 Zip Code  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 agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  D D DELETE  1.1 TITLE  SHUE, RICHARD  SHUE, RICHARD  1.2 NAME  STREET ADDRESS  CITY-ST-ZIP  SARASOTA FL  2546 RIVER RIDGE DR.  SHUE, MICHAEL  2582 WOOD ST  SARASOTA FL  2582 WOOD ST  SARASOTA FL  32 STREET ADDRESS  CITY-ST-ZIP  SARASOTA FL  32 STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  SARASOTA FL  32 STREET ADDRESS  CITY-ST-ZIP  SARASOTA FL  33 STREET ADDRESS  CITY-ST-ZIP  SARASOTA FL  34 CITY-ST-ZIP  SARASOTA FL  34 CITY-ST-ZIP  SARASOTA FL  34 CITY-ST-ZIP  SARASOTA FL  33 STREET ADDRESS  CITY-ST-ZIP  SARASOTA FL  34 CITY-ST-ZIP  SARASOTA FL  35 STREET ADDRESS  CITY-ST-ZIP  SARASOTA FL  35 STREET ADDRESS  CITY-ST-ZIP  SARASOTA FL  36 CITY-ST-ZIP  SARASOTA FL  37 STREET ADDRESS  CITY-ST-ZIP  SARASOTA FL  34 CITY-ST-ZIP  SARASOTA FL  35 STREET ADDRESS  CITY-ST-ZIP  SARASOTA FL  36 CITY-ST-ZIP  SARASOTA FL  37 STREET ADDRESS  CITY-ST-ZIP  SARASOTA FL  37 STREET ADDRESS  CITY-ST-ZIP	NAUFFMAN, N. S.				82 Street Ad	ddress (l	P.O. Box Number is Not Accept	able)		
B4   City   FL   B5   Zip Code					92		رو در	ara sa como	11 020 3 VII R	15) 818 138
## Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and itself applicable.    SIGNATURE	,0,4,	, , , , , , , , , , , , , , , , , , , ,			03			外自是	的复数特殊	121 2121 123
SIGNATURE   Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE	and some	Co. W. Land	,					FL	_     '	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE	11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with, and accept the obligation	and 607.1508, Florida Statutes Florida. Such change was aut ons of, Section 607.0505, Florid	s, the ab thorized da Statu	ove-named co by the corpora tes.	orporatio ation's b	on submits this statement for the loard of directors. I hereby acce	purpose of pt the appo	changing its intment as rec	registered gistered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D D DELETE 1.1 TITLE	SIGNATURE					<del>,</del>		DATE:		[
TITLE D DELETE 1.1 TITLE	40				Agent signature requ				ND DIRECTO	RS IN 12
NAME SHUE, RICHARD  2546 RIVER RIDGE DR.  CITY-ST-ZIP SARASOTA FL 34239  TITLE D  SHUE, MICHAEL  STREET ADDRESS  CITY-ST-ZIP  SARASOTA FL  22 NAME  23 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  31 TITLE  DELETE  32 NAME  32 NAME  STREET ADDRESS  CITY-ST-ZIP  SARASOTA FL  33 STREET ADDRESS  CITY-ST-ZIP  SARASOTA FL  34 CITY-ST-ZIP  SARASOTA FL  35 NAME  37 NAME  STREET ADDRESS  CITY-ST-ZIP  SARASOTA FL  33 STREET ADDRESS  CITY-ST-ZIP  SARASOTA FL  34 CITY-ST-ZIP  SARASOTA FL  35 NAME  36 SARASOTA FL  36 SARASOTA FL  37 NAME  38 STREET ADDRESS  CITY-ST-ZIP  SARASOTA FL  34 CITY-ST-ZIP				_	E			, rocks ru		Addition
STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34239  TITLE D SHUE, MICHAEL STREET ADDRESS CITY-ST-ZIP SARASOTA FL 22 NAME 23 STREET ADDRESS CITY-ST-ZIP TITLE TD DELETE 3.1 TITLE SHUE; LARRY STREET ADDRESS CITY-ST-ZIP SARASOTA FL 3.3 STREET ADDRESS CITY-ST-ZIP SARASOTA FL 3.3 STREET ADDRESS CITY-ST-ZIP SARASOTA FL 3.3 STREET ADDRESS SARASOTA FL 3.4 CITY-ST-ZIP		•		1,2 NA	ME					٠.
CITY-ST-ZIP	•			1.3 STI	REET ADDRESS					
D				1.4 CIT	Y-ST-ZIP					
STREET ADDRESS   2582 WOOD ST   2.3 STREET ADDRESS   SARASOTA FL   2.4 CITY-ST-ZIP   TD   DELETE   3.1 TITLE   DELETE   3.2 NAME   STREET ADDRESS   7030 RICHARDSON RD   3.3 STREET ADDRESS   SARASOTA FL   3.4 CITY-ST-ZIP   SARASOTA FL   3.4 CITY-ST-ZIP   SARASOTA FL   3.5 STREET ADDRESS   3.5 STREET A		D	☐ DELETE	2.1 TIT	Æ				☐ Change	☐ Addition
STREET ADDRESS   2582 WOOD ST   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP     TD	NAME	SHUE, MICHAEL		2.2 NA	ME					
TITLE TD DELETE 3.1 TITLE DELETE 3.1 TITLE  NAME SHUE: LARRY  STREET ADDRESS 7030 RICHARDSON RD 3.3 STREET ADDRESS  CITY-ST-ZIP SARASOTA FL 3.4 CITY-ST-ZIP	STREET ADDRESS	2582 WOOD ST		2.3 STI	REET ADDRESS					
NAME SHUE, LARRY  STREET ADDRESS 7030 RICHARDSON RD  SARASOTA FL  3.2 NAME  3.3 STREET ADDRESS  A.3 STREET ADDRESS  3.4 CITY-ST-ZIP	CITY-ST-ZIP	SARASOTA FL		2.4 CI	Y-ST-ZIP			·		
STREET ADDRESS 7000 RICHARDSON RD CITY-ST-ZIP SARASOTA FL 3.4 CITY-ST-ZIP	TITLE VALUE		☐ DELETE	3.1 TIT	Æ				Change	Addition
CITY-ST-ZIP SARASOTA FL 34. CITY-ST-ZIP	NAME	SHUE, LARRY	'.')	3.2 NA	VIE					
CHY-SI-ZP SANAOURIL	STREET ADDRESS	[456] [45] [5]		3.3 ST	REET ADDRESS		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		Sala Sala	30.00015年
Limin   DD   Liberte   Astrone   State   State   State   State   Color   State   State   State   Color   State   Stat		<del></del>		_						() . 5 W. William
	TITLE ,	PD	☐ DETEIE				* * * * * * * * * * * * * * * * * * *		; . ∐ change :	AUGUON
NAME (C) ALL KAUFFMAN, K SCOTT 4.2 NAME	NAME (C)	1	·: ,		1					
STREET ADDRESS 1645 FOX CHEEK DH 4.3 STREET ADDRESS	STREET ADDRESS			l l						
CITY-ST-ZIP SARASOTA FL 4.4 CITY-ST-ZIP Change Addition			□ nci cte						Change	Addition

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 one attachment with an address. If the receiver of the corporation of the corporatio

6.2 NAME

5.1 TITLE

5.2 NAME

5.3 STREET ADORESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

MOLBY, TOM

SARASOTA FL

5337 CAMILFRA DR

沙路 指一下中国安全

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

DELETE

<del>:@UMI</del>F/C

☐ Addition