Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90121 017 \*\*\*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** 

## DOCUMENT # S67204

1. Corporation ZOO CR	Name SO/204 EW OF GAINESVILLE, INC.				
Principal Place	e of Business	Mailing Address		- I (MANIATA 110 ALIN INSIN 11914 SANI ALAN ALAN	f Afalt Bibtl Aibit atos Aibit ibbt
4421 N.W. 36 DRIVE GAINESVILLE FL 32605-5424 US		4421 N.W. 36 DRIVE GAINESVILLE FL 32605-5424 US		DO NOT WRITE IN TH	IIS SPACE
				07/18/1991	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3047153	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · ·	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6 Floring Compoint Financing	\$5.00 May Be
23	e	28		6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25	29	30	Personal Property Tax.	☐Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent
סבכ	AN DONALD I	•	81 Name		
REGAN, DONALD J. 4421 N.W. 36 DRIVE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
GAINESVILLE FL 32605-5424			83		
Q-air	ALOVILLE   E DECOU-STET				
			84 City	F	85 Zip Code
11. Pursuant office or nagent. I at	egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida. Such change was at ions of, Section 607.0505, Flor	utnonzed by the corporation of t	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered pointment as registered
	Signature, typed or printed name of registered agent		: Registered Agent signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	OFFICERS ANI	DELETE DELETE	1.1 TITLE	ADDITIONO/OTRAGEO TO OTT TOLERO	☐ Change ☐ Addition
NAME	REGAN, DONALD J	<b>_</b>	1.2 NAME		_
STREET ADDRESS	4421 N.W. 36 DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32605-5424		1.4 CITY-ST-ZIP		
TITLE	DVST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	REGAN, LAURE K		2.2 NAME		
STREET ADDRESS	4421 N.W. 36 DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32605-5424	• • • •	2, 4 CITY-ST-ZIP	، میچین	*
TITLE		☐ DELETE	3.1 TITLE	-	☐ Change ☐ Addition
NAME	•		3.2 NAME		•
STREET ADDRESS			3.3 STREET ADORESS		
CITY-ST-ZIP	,		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4,1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Chango Addistan
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS			1		
CITY-ST-ZIP		□ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
TITLE		☐ DELETE	0.5 (11)		CT cuanão CT vocinos

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS