**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **S97285** 1. Corporation Name

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90156 008 \*\*\*300.00

	GROUP CORP.						
Principal Place	o of Rusiness	Mailing Address					
'		2 LOGAN SQUARE STE 222	<b>m</b>				
2338 IMMOKALEE RD., SUITE 225 2 LOGAN SQUARE., STE 222  NAPLES FL 33942 PHILADELPHIA PA 19103 US			,		DO NOT WRITE IN TI	HIS SPACE	
		•			3. Date Incorporated or Qualifed		
					12/02/1991		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			65-0299884		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	<b>\$8.75</b> A Fee Re	
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28	_	•	Trust Fund Contribution	Added t	o Fees
Zip ,	Country	Zip	Country	1	8. This corporation owes the current year		
24	25		30		Personal Property Tax.		□No
	9. Name and Address of Current	t Registered Agent		1	10. Name and Address of New Register	ed Agent	
CAN	DEDE CROUP INC		81	Name			
	DERS GROUP, INC.		82	Street Ac	Idress (P.O. Box Number is Not Acceptable)		***************************************
2338 IMMOKALEE ROAD SUITE 225							
1	LES FL 33942		83				
I IVAFI	LEO FL 33942		84	City		85 Zip C	Code
• •						L of about its	intornal
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607.1508, Florida Statutes of Florida. Such change was aut	s, the above thorized by	e-named co the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as re	gistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	da Statutes				
SIGNATURE							
12.	Signature, typed or printed name of registered agent		Registered Age	nt signature requ	DATE ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	OFFICERS ANI	D DIRECTORS DELETE	1.1 TITLE	14	ADDITIONS/GIANGED TO GITTOETIC		
	PS				00160	. Change	☐ Addition \
				6	PRISC IN INF	Change	Addition
OTDEET ADDRESS	WATSON, LINDA		1.2 NAME	TADORESS .	prisc orri Blown to log		_
STREET ADDRESS	2338 IMMOKALEE ROAD, SUITE		1.2 NAME 1.3 STREE	T ADDRESS	prisc on Blank 3335 thinotale		_
CITY-ST-ZIP	2338 IMMOKALEE ROAD, SUITE NAPLES FL 33942	E 225	1.2 NAME 1.3 STREE 1.4 CITY-S	'	PRISC ON Blank 0338 th motale Naples FL 330		_
CITY-ST-ZIP	2338 IMMOKALEE ROAD, SUITE NAPLES FL 33942 V		1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE	'	PRISC Orri Blank 19338 timmokalee Napleon PL 330	Rd #6	) Sex
CITY-ST-ZIP TITLE NAME	2338 IMMOKALEE ROAD, SUITE NAPLES FL 33942 V SCHMUCKER, KURT	E 225 □ DELETE	1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	T-ZIP	PRISC On Blank 1838 th motale Naples PL 330	Rd #6	) Sex
CITY-ST-ZIP TITLE NAME STREET ADDRESS	2338 IMMOKALEE ROAD, SUITE NAPLES FL 33942 V SCHMUCKER, KURT 2338 IMMOKALEE RD., SUITE 2	E 225 □ DELETE	1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	T-ZIP	PRISC On Blank 1838 th motale Naples PL 330	Rd #6	) Sex
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	2338 IMMOKALEE ROAD, SUITE NAPLES FL 33942 V SCHMUCKER, KURT 2338 IMMOKALEE RD., SUITE 2 NAPLES FL 33942	E 225 □ DELETE	1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	T-ZIP	PRISC PONT Blank POSS TIMMORALE Napled FL 330	Rd #6	) Sex
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	2338 IMMOKALEE ROAD, SUITE NAPLES FL 33942 V SCHMUCKER, KURT 2338 IMMOKALEE RD., SUITE 2 NAPLES FL 33942 T	E 225  ☐ DELETE	1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 2.4 CITY-S	T-ZIP	PRISC PONT Blank alse POSS TIMMORALSE Naples FL 330	Pd ₩3 }42 □ Change	Addition
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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.

SIGNATURE: