Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90089 030 ***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 # V02074

| 1. Corporation MENIKS, | | | | | | | | |
|---|--|---|--|---|--|--------------------|------------------------|-------------------------------------|
| Principal Place | of Business | Mailing Address | | | T (| : | i Minii Asbil Al | |
| 1161 SUN CENT | | 1161 SUN CENTURY ROAD | | | | | | |
| STE 2 | | STE 2 | | | DO MOT INDIT | E IN THE C | DACE | |
| NAPLES FL 33963 NAPLES | | NAPLES FL 33963 | PLES FL 33963 | | DO NOT WRITE IN THIS SPACE | | | |
| US | | US | | | 3. Date Incorporated or Qualifed | | | |
| | | T. A. W. A. A | | | 01/01/1992 4. FEI Number | | 1 1 4 2 2 | lind For |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | "' ' | | | lied For Applicable |
| 21 | | Suite, Apt. #, etc. | | | 65-0307679 | | \$8.75 A | |
| Suite, Apt. | #, etc. | ⊢ | | | 5. Certifcate of Status Desired | | Fee Rec | |
| City & State | | City & State | | | 6. Election Campaign Financing | | \$5.00 N | May Bo |
| | , | 28 | | | Trust Fund Contribution | | Added to | • |
| 23 Zip | Country | Zip | Country | | 8. This corporation owes the curre | | | □No |
| 24 | 25 | | 30 | | Personal Property Tax. 10. Name and Address of New Re | | | |
| | 9. Name and Address of Current | Registered Agent | 81 | Name | 10. Haile and Fladibas of No. 10 | - g. 0. 10. 1 - 1. | | |
| JOHI | NSON, JEFFREY J. | | | | | -1-3 | | |
| 1161 SUN CENTURY RD | | 82 | Street Add | dress (P.O. Box Number is Not Acceptat | ble) | | | |
| STE 2 | | | 83 | | | | | |
| NAPI | LES FL 33942 | | | | | | - - | |
| | | | 84 | City | • | FL | 85 Zip C | ode |
| | | | | 0 110111100 00. | | | | !-7 |
| office or re agent. I as | egistered agent, or both, in the State of m familiar with, and accept the obligatio | t Florida. Such change was aut ons of, Section 607.0505, Florid | norized by da Statutes | tne corpora | poration submits this statement for the p tion's board of directors. I hereby accept red when reinstating) | the appoint | ment as reg | istered |
| office or re agent. I as | edictored agent or both in the State of | t Florida. Such change was autons of, Section 607.0505, Floridand title if applicable. (NOTE. F | norized by da Statutes | tne corpora | tion's board of directors. Frieleby accept | DATE TICERS AND | DIRECTO | |
| office or re agent. I an SIGNATURE | egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent | t Florida. Such change was autons of, Section 607.0505, Floridand title if applicable. (NOTE. F | norized by da Statutes Registered Ager | tne corpora | red when reinstating) | DATE TICERS AND | | |
| office or reagent. I as SIGNATURE | egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent of OFFICERS AND | Horida. Such change was autons of, Section 607.0505, Floridand title if applicable. (NOTE. F.) DIRECTORS | da Statutes Registered Agen | tne corpora | red when reinstating) | DATE TICERS AND | DIRECTO | RS IN 12 |
| office or reagent. I as SIGNATURE. | egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent of OFFICERS AND | Horida. Such change was autons of, Section 607.0505, Floridand title if applicable. (NOTE. F.) DIRECTORS | Registered Ager 13. 1.1 TITLE 1.2 NAME | tne corpora | red when reinstating) | DATE TICERS AND | DIRECTO | RS IN 12 |
| office or reagent. I as SIGNATURE 12. TITLE NAME | egistered agent, or both, in the State of m familiar with, and accept the obligation of signature, typed or printed name of registered agent of the obligation of the obligati | Horida. Such change was autons of, Section 607.0505, Floridand title if applicable. (NOTE. F.) DIRECTORS | Registered Ager 13. 1.1 TITLE 1.2 NAME | nt signature requi | red when reinstating) | DATE | DIRECTOF | R\$ IN 12 |
| office or in agent, I as SIGNATURE 12. TITLE NAME STREET ADDRESS | egistered agent, or both, in the State of m familiar with, and accept the obligation of support of the state of managements of the state of the obligation of the state of the obligation of the | Horida. Such change was autons of, Section 607.0505, Floridand title if applicable. (NOTE. F.) DIRECTORS | Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET | nt signature requi | red when reinstating) | DATE | DIRECTO | RS IN 12 |
| office or ri agent, I ai SIGNATURE 12. 1ITLE NAME STREET ADDRESS CITY-ST-ZIP | egistered agent, or both, in the State of m familiar with, and accept the obligation of superior of su | and title if applicable. ODIRECTORS OELETE | Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' | nt signature requi | red when reinstating) | DATE | DIRECTOF | R\$ IN 12 |
| office or ri agent, I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | egistered agent, or both, in the State of m familiar with, and accept the obligation of superinted name of registered agent. OFFICERS AND D JOHNSON, JAMES M 2115 IMPERIAL G C BLVD NAPLES FL | and title if applicable. ODIRECTORS OELETE | Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME | nt signature requi | red when reinstating) | DATE | DIRECTOF | R\$ IN 12 |
| office or in agent, I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | egistered agent, or both, in the State of m familiar with, and accept the obligation of superinted name of registered agent. OFFICERS AND D JOHNSON, JAMES M 2115 IMPERIAL G C BLVD NAPLES FL PD COX, DAVID B. | A Florida. Such change was autons of, Section 607,0505, Floridand title if applicable. (NOTE. F.) O DIRECTORS OELETE | Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S | the corporals. It signature requires to the corporal signature requires the corporal signature requires to the corporal | red when reinstating) | DATE TICERS AND | DIRECTOF | RS IN 12 Addition |
| office or in agent. I ai ai signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | egistered agent, or both, in the State of m familiar with, and accept the obligation of the control of the cont | and title if applicable. ODIRECTORS OELETE | Inonized by da Statutes Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE | the corporals. It signature requires to the corporal signature requires the corporal signature requires to the corporal | red when reinstating) | DATE TICERS AND | DIRECTOF | R\$ IN 12 |
| office or in agent, i ai ai signature. 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP | egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with a support of familiar with, and accept the obligation of familiar with a support o | A Florida. Such change was autons of, Section 607,0505, Floridand title if applicable. (NOTE. F.) O DIRECTORS OELETE | Indized by da Statutes Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME | T ADDRESS T ADDRESS T ADDRESS TT-ZIP | red when reinstating) | DATE TICERS AND | DIRECTOF | RS IN 12 Addition |
| office or in agent. I ai ai signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with an accept the obligation of familiar with a support of familiar with, and accept the obligation of familiar with a support of | A Florida. Such change was autons of, Section 607,0505, Floridand title if applicable. (NOTE. F.) O DIRECTORS OELETE | Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET | T ADDRESS T ADDRESS T ADDRESS | red when reinstating) | DATE TICERS AND | DIRECTOF | RS IN 12 Addition |
| office or in agent. I ai ai signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with a comparison of familiar with, and accept the obligation of familiar with a comparison | A Florida. Such change was autons of, Section 607.0505, Floridand title if applicable. (NOTE: FOUNDED TO DELETE) DELETE DELETE | Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 3.4 CITY-S | T ADDRESS T ADDRESS T ADDRESS | red when reinstating) | DATE FICERS AND | DIRECTOF Change Change | RS IN 12 Addition Addition |
| office or in agent. I ai agent. I ai signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with a comparison of familiar with, and accept the obligation of familiar with a comparison | A Florida. Such change was autons of, Section 607,0505, Floridand title if applicable. (NOTE. F.) O DIRECTORS OELETE | Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE | T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP | red when reinstating) | DATE FICERS AND | DIRECTOF | RS IN 12 Addition |
| office or in agent. I ai agent. I ai ai signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with an accept the obligation of familiar with an accept the obligation of familiar with an accept the obligation of familiar with a second of familiar with, and accept the obligation of familiar with a second of familiar w | Triorida. Such change was autons of, Section 607.0505, Floridand Utte if applicable. (NOTE: F) DELETE DELETE DELETE | Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME | T ADDRESS ST-ZIP T ADDRESS ST-ZIP | red when reinstating) | DATE FICERS AND | DIRECTOF Change Change | RS IN 12 Addition Addition |
| office or in agent, I ai agent, I ai signature 12. 11TLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with an accept the obligation of familiar with a country of fami | Triorida. Such change was autons of, Section 607.0505, Floridand Utte if applicable. (NOTE: F) DELETE DELETE DELETE | Indized by da Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET | T ADDRESS | red when reinstating) | DATE FICERS AND | DIRECTOF Change Change | RS IN 12 Addition Addition |
| office or in agent. I ai agent. I ai signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with a comparison of familiar with, and accept the obligation of familiar with a comparison of familiar with | Florida. Such change was autons of, Section 607.0505, Floridand title if applicable. (NOTE: F) DELETE | Indized by da Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S | T ADDRESS | red when reinstating) | DATE TICERS AND | DIRECTOR Change Change | RS IN 12 Addition Addition Addition |
| office or in agent, I all signature. 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with an accept the obligation of familiar with an accept the obligation of familiar with an accept the obligation of familiar with a state of familiar with an accept the obligation of familiar with a state of familiar with an accept the obligation of familiar with a state of familiar with an accept the obligation of familiar with a state of familiar with an accept the obligation of familiar with an accept the obligation of familiar with an accept the obligation of familiar with, and accept the obligation of familiar with a state of familiar with, and accept the obligation of familiar with a state of familiar with a | Triorida. Such change was autons of, Section 607.0505, Floridand Utte if applicable. (NOTE: F) DELETE DELETE DELETE | Indized by da Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE | T ADDRESS | red when reinstating) | DATE TICERS AND | DIRECTOF Change Change | RS IN 12 Addition Addition |
| office or in agent, i ai agent, i ai signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with an accept the obligation of familiar with an accept the obligation of familiar with a state of familiar with, and accept the obligation of familiar with a state of familiar with, and accept the obligation of familiar with a state of familiar with, and accept the obligation of familiar with a state | Florida. Such change was autons of, Section 607.0505, Floridand title if applicable. (NOTE: F) DELETE | Indized by da Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME | T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP | red when reinstating) | DATE TICERS AND | DIRECTOR Change Change | RS IN 12 Addition Addition Addition |
| office or in agent, it aid signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with a comparison o | Florida. Such change was autons of, Section 607.0505, Floridand title if applicable. (NOTE: F) DELETE | Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET | T ADDRESS ST-ZIP | red when reinstating) | DATE TICERS AND | DIRECTOR Change Change | RS IN 12 Addition Addition Addition |
| office or in agent, i ai agent, i ai signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with an accept the obligation of familiar with an accept the obligation of familiar with a state of familiar with, and accept the obligation of familiar with a state of familiar with, and accept the obligation of familiar with a state of familiar with, and accept the obligation of familiar with a state | Florida. Such change was autons of, Section 607.0505, Floridand title if applicable. (NOTE: F) DELETE | Indized by da Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME | T ADDRESS ST-ZIP | red when reinstating) | DATE TICERS AND | DIRECTOR Change Change | RS IN 12 Addition Addition 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 on an abachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS