Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

□No

## 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 # V09936**

1. Corporation Name

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CADACOTA CEVENTEENTH INVESTMENTS INC

SANASUTA SEVENTECINTA INVESTIMENTS, INC.						
Principal Place of Business	Mailing Address					
5900 ENTERPRISE PARKWAY FT MYERS FL 33905	5900 ENTERPRISE PARKWAY FT MYERS FL 33905					
2. Principal Place of Business	2a. Mailing Address					
21	26					
Suite, Apt. #, etc.	Suite, Apt. #, etc.					

27 City & State City & State

28 Country Zio Country 25 29 30

9. Name and Address of Current Registered Agent BUNDSCHU, CHRIS 5900 ENTERPRISE PKWY

FORT MYERS FL 33905

## **FILED** Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90057 028 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

01/29/1992 4. FEI Number

65-0387816

		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 office 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
12.	OFFICERS AND DIRECTORS	13.	***	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12		
TITLE	PTO DELETE	1.1 TITLE		Chai	nge 🗀 Addition		
NAME	BUNDSCHU, CHRIS	1.2 NAME					
STREET ADDRESS	5900 ENTERPRISE PKWY	1.3 STREET	ADDRESS		,		
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST	-ZIP				
TITLE	VSD DELETE	2.1 TITLE		Cha	nge 🔲 Addition		
NAME	BUNDSCHU, CHARLES C JR	2.2 NAME					
STREET ADDRESS	8510 GRANITE CT.	2.3 STREET	ADDRESS		1		
CITY-ST-ZIP	FT MYERS FL 33908	2.4 CITY-S	T-ZIP				
-TITLE	DELETE	3.1 TITLE			nge 🗌 Addition		
NAME		3.2 NAME	1		·		
STREET ADDRESS		3.3 STREET	ADDRESS		İ		
CITY-ST-ZIP		3.4. CITY-S	T-ZIP				
TITLE	DELETE	4.1 TITLE		☐ Cha	nge 🗌 Addition		
NAME		4. 2 NAME		•			
STREET ADDRESS		4.3 STREET	ADDRESS				
CITY-ST-ZIP		4.4 CITY-ST	-ZIP				
TITLE .	☐ DELETE	5.1 TITLE		Cha	nge		
NAME		5.2 NAME	1		i		
STREET ADDRESS		5.3 STREET	ADDRESS				
CITY-ST-ZIP		5.4 CITY-S1	-ZIP				
TITLE -	☐ DELETE	6.1 TITLE	}	. Cha	nge		
NAME:		6.2 NAME	,				
STREET ADDRESS	or ass.	6.3 STREET	ADDRESS				
CITY-ST-ZIP	-	6.4 CITY-\$1	r-zip				

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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 fepoit 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles C. Bundschu, Jr.

4/13/99 941-481-0300

Date

Daytime Phone #