

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Amended

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V 26948 (2)

1. Corporation Name

RESPECTIONS, INC.

99 JUL 13 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

125 SE 43<sup>RD</sup> TERR  
CAPE CORAL, FLA. 33904  
USA

Mailing Address

125 SE 43<sup>RD</sup> TERR.  
CAPE CORAL, FLA. 33904  
USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1992

4. FEI Number

65-0320945

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORRIS, DUANE S,  
125 SE 43<sup>RD</sup> TERR.  
CAPE CORAL, FLA. 33904

81 Name

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

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 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

*Duane S Morris*  
Signature, typed or printed name of registered agent and title if applicable

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

7/7/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME PS MORRIS, DUANE S  
STREET ADDRESS 125 SE 43<sup>RD</sup> TERR.  
CITY-ST-ZIP CAPE CORAL, FLA. 33904

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition  
1.2 NAME DAHLBERG, RICHARD  
1.3 STREET ADDRESS 703 SW 11<sup>TH</sup> TERR  
1.4 CITY-ST-ZIP CAPE CORAL, FLA. 33991

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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:

*Duane S Morris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DUANE S MORRIS 7/7/99 (941) 542-8453  
Date Daytime Phone #

CR2E034 (11/98)