Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90050 015 ***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 # V40372

1. Corporation Name

5151 OC	EAN BOULEVARD, INC.							
Principal Place	e of Business	Mailing Address					\$ BIBIT BIBIT BIBIT	01011 050\$1 1001
5151 OCEAN BLVD SARASOTA FL 34242		46 N. WASHINGTON BLVD SUITE 1				DO NOT WRITE IN TH	IS SPACE	
US SARASOTA FL 32436 US						3. Date Incorporated or Qualifed		
		00				06/01/1992		ļ
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number	I Ar	oplied For
21	lace of business	<u></u> — ¬	26			65-0342231	 - -	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			چ رمد مید	5 Certificate of Status Desired		
27 27						6 Flection Campaign Financing —		May Be
23	_	28				Trust Fund Contribution Added to Fees		
Zip	Country 25	Zip Zip	Co.	intry		This corporation owes the current year Personal Property Tax.	Intangible Yes	□No
	9. Name and Address of Currer					10. Name and Address of New Registere	d Agent	
				81	Name			
PATTERSON, JOHN 46 N. WASHINGTON BLVD.				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
SUITE 1				83				
SARASOTA FL 34236								C-d-
;				84 City		L 85 Zip	Code	
office or r	egistered agent, or both, in the State in familiar with, and accept the obligations. Signature, typed or printed name of registered age	of Florida. Such change was tions of, Section 607.0505, Floridan and title if applicable. (NOT	authorize orida Stat	utes.	tne corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the appropriate the statement for the purpose tion's board of directors. I hereby accept the appropriate the statement for the purpose tion's board of directors.		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	, — — — — — — — — — — — — — — — — — — —		1.1 T			•	C Onlings	
NAME	MOLOIO, I MILLI E		ame 					
STREET ADDRESS	1			1.3 STREET ADDRESS				}
CITY-ST-ZIP	SARASOTA FL 34242	☐ DELETE	1.4 C		I-ZIP	<u> </u>	[] Change	Addition
TITLE			2.1 T					_
NAME					ADDRESS			
STREET ADDRESS				ITY-S		en e	·	
CITY-ST-ZIP TITLE		☐ DELETE	3.1 T		.,-21		Change	☐ Addition
NAME			3.2 N	AME		•		
STREET ADDRESS			3.3 S	TREET	ADDRESS			1
CITY-ST-ZIP			3.4. 0	S-YTK	T-ZIP			
TITLE		☐ DELETE	4.1 T				Change	☐ Addition
NAME			4.21	VAME				
STREET ADDRESS		•	4.3 S	TREET	FADORESS			
CITY-ST-ZIP			4.4 C	ITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 T]		Change	☐ Addition
NAME				AME		·		
STREET ADDRESS					FADDRESS			
CITY-ST-ZIP				TY-ST	T-ZIP		F7 Chan	Addition
πιε 🔅 i	Programme Comment	☐ DELETE	6.1 T		1		Change	Addition
NAME 5 3		•		AME				
STREET ADDRESS	,		6.3 S	TREET	FADDRESS			

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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

WATER AND YEED OF PRINTED NAMES BORNING OFFICER ON DIRECTOR

941-349.63