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

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90093 009 ***150.00

Corporation							
B.S. PER	RRY INC.					la nin ii nide Albi A	ing early last
Principal Place	e of Business	Mailing Address			-	VE BEBEF BEBEF BEBEF B	ien elen iset
1940 RICARDO	AVE	1940 RICARDO AVE			•		•
SUITE 14 SUITE 14					DO NOT WRITE IN TH	IIS SPACE	
FT MYERS FL 33901 FT MYERS FL 33901 US US					3. Date Incorporated or Qualifed		
00		•			07/07/1992		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apı	plied For
21 1940	1940 RICARDO AVE 26 1940 KICAR			ve	65-0343604		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 A	
22		27				Fee Re	
	nyers FL.	28 Ft Myers	FL.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip □ 3306	Country	Zip	Country U.S		8. This corporation owes the current year	Intangible ☐ Yes	M/No
24 3390	9. Name and Address of Current	29 33901 30 Registered Agent		·	Personal Property Tax. 10. Name and Address of New Registers		41100
	5. Name and Address of Current	Registered Agent	81	Name	Training and Train		
PERRY, BRUCE E				01 144	(D.O. Davidi and a New Assessments)		
1940 RICARDO AVE			82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
FT. i	MYERS FL 33901		83				
			84	City		85 Zip C	Code
			{ }	•			
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above	-named corpo	ration submits this statement for the purpose n's board of directors. I hereby accept the ap	of changing its pointment as rec	registered gistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	la Statutes.	ino corporation	, a double of an octor of the copy and app		
SIGNATURE				t signature required	when reinstating) DATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	signature required	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE			1.1 TITLE			Change	Addition
NAME	PERRY, BRUCE E		1.2 NAME	Ì			1
STREET ADDRESS	1940 RICARDO AVE	•	1.3 STREET	ADDRESS			1
CiTY-ST-ZiP	FT. MYERS FL 33901			-ZIP			
TITLE	VP .	. DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	PERRY, SHERRY L		2.2 NAME				
STREET ADDRESS			2.3 STREET				
CITY-ST-ZIP			2.4 CITY-ST	T- ZIP		Change	Addition
TITLE	n		3.1 IIILE			C;,ange	
NAME			3.2 NAME	ADDRESS			
STREET ADORESS			3.4. CITY-S				
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	·		☐ Change	☐ Addition
NAME			4.2 NAME	l			1
STREET ADDRESS			4.3 STREET	ADDRESS			ļ
CITY-ST-ZIP			4.4 CITY-ST	r-zip			
TITLE .		☐ DELETE	5.1 TITLE		· —	Change	☐ Addition
NAME			5.2 NAME	-	,		
STREET ADDRESS	ļ		5.3 STREET]
CITY-ST-ZIP			5.4 CITY-ST	r-ZIP		Change	Addition
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME	et was set one to		6.2 NAME 6.3 STREET	ADDRESS	·		

CITY-ST-ZIPE TT 14. I hereby certify that the information supplied with this filling 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.

6.4 CITY-ST-ZIP

SIGNATURE: