05-10-1999 90038 021 ***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 # V54172

ANN M. DEWEY, INC.

Principal Place	e of Business	Mailing Address		(SEALLE EINER AUCH STERL HALL IARL	å liåt åtått åtätt alsit aratt alatt Ætatt tar	••
1605 MAIN ST		1605 MAIN ST			•	
SUITE 912		SUITE 912			= W. T. W. C. C. C. C.	
SARASOTA FL 34236		SARASOTA FL 34236			E IN THIS SPACE	
				Date Incorporated or Qualifed 07/30/1992		ł
2. Principal Pl	lace of Business	2a. Mailing Address	<u></u>	4. FEI Number	Applied For	
21		26		65-0348092	Not Applicab	le
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional	
22		27			Fee Required	\dashv
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	_
Zip	Country	Zip	Country	8. This corporation owes the curre	nt year Intang/ble 12 Yes □ No	
24	25	29 3	0	Personal Property Tax.		
	9. Name and Address of Current	ł Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
SCO	WILL, HAROLD W.		OI Name			
	5 MAIN ST		82 Street Addre	ess (P.O. Box Number is Not Acceptab	vie)	
	E 912		-			—
	ASOTA FL 34236	•	83			l
SALI	A301A FE 34230		84 City		85 Zip Code	
					FL 3 Cons	
						1
office or re agent. I ar	egistered agent, or both, in the State of mailiar with, and accept the obligat	of Florida. Such change was aut	norized by the corporatio	oration submits this statement for the pon's board of directors. I hereby accept	the appointment as registered	đ
office of re agent. I ar SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was aut tions of, Section 607.0505, Florid	norized by the corporatio	on s board of directors. Thereby accept	the appointment as registered	đ
office of re agent. I ar SIGNATURE	egistered agent, or both, in the State of	of Florida. Such change was autitions of, Section 607.0505, Florid It and title if applicable (NOTE: F	norized by the corporation da Statutes.	on s board of directors. Thereby accept	DATE DATE	
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agen	of Florida. Such change was autitions of, Section 607.0505, Florid It and title if applicable (NOTE: F	nonzed by the corporation a Statutes. Registered Agent signature required	on a board of directors. Thereby accept	DATE DATE	
office or reagent. I an SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligate Signature, typed or printed name of registered agen OFFICERS AN D	of Florida. Such change was autitions of, Section 607.0505, Floridations of Mote: Find the Mote of the Mote: Find the Mote of	nonzed by the corporation dia Statutes. Registered Agent signature required	on a board of directors. Thereby accept	DATE CERS AND DIRECTORS IN 12	
office or reagent. I an SIGNATURE 12. TITLE NAME	egistered agent, or both, in the State of m familiar with, and accept the obligated agen. Signature, typed or printed name of registered agen. OFFICERS AN D. DEWEY, ANN M.	of Florida. Such change was autitions of, Section 607.0505, Floridations of Mote: Find the Mote of the Mote: Find the Mote of	tegistered Agent signature required 13. 1.1 TITLE	on a board of directors. Thereby accept	DATE CERS AND DIRECTORS IN 12	
office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligated agen. Signature, typed or printed name of registered agen. OFFICERS AN DEWEY, ANN M. 1605 MAIN ST #912	of Florida. Such change was autitions of, Section 607.0505, Floridations of Mote: Find the Mote of the Mote: Find the Mote of	tegistered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	on a board of directors. Thereby accept	DATE CERS AND DIRECTORS IN 12	
office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligated agen. Signature, typed or printed name of registered agen. OFFICERS AN D. DEWEY, ANN M.	of Florida. Such change was autitions of, Section 607.0505, Floridations of Mote: Find the Mote of the Mote: Find the Mote of	nonzed by the corporation da Statutes. legistered Agent signatura required 13. 1.1 TITLE 12 NAME	on a board of directors. Thereby accept	DATE CERS AND DIRECTORS IN 12	ition
office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State of m familiar with, and accept the obligated agen. Signature, typed or printed name of registered agen. OFFICERS AN DEWEY, ANN M. 1605 MAIN ST #912	of Florida. Such change was autitions of, Section 607.0505, Florid at and title if applicable (NOTE: F D DIRECTORS	tegistered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	on a board of directors. Thereby accept	DATE ICERS AND DIRECTORS IN 12 Change Addit	ition
office or reagent. I as 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 obligated agen. Signature, typed or printed name of registered agen. OFFICERS AN DEWEY, ANN M. 1605 MAIN ST #912	of Florida. Such change was autitions of, Section 607.0505, Florid at and title if applicable (NOTE: F D DIRECTORS	tegistered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME	on a board of directors. Thereby accept	DATE ICERS AND DIRECTORS IN 12 Change Addit	ition
office or reagent. I as 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 obligated agen. Signature, typed or printed name of registered agen. OFFICERS AN DEWEY, ANN M. 1605 MAIN ST #912	of Florida. Such change was autitions of, Section 607.0505, Florid at and title if applicable (NOTE: F D DIRECTORS	togistered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	on a board of directors. Thereby accept	DATE ICERS AND DIRECTORS IN 12 Change Addit	ition
office or reagent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligated agen. Signature, typed or printed name of registered agen. OFFICERS AN DEWEY, ANN M. 1605 MAIN ST #912	of Florida. Such change was autitions of, Section 607.0505, Florid at and title if applicable (NOTE: F D DIRECTORS	tegistered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME	on a board of directors. Thereby accept	DATE ICERS AND DIRECTORS IN 12 Change Addit	ition
office or reagent. I ail 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 obligated agen. Signature, typed or printed name of registered agen. OFFICERS AN DEWEY, ANN M. 1605 MAIN ST #912	of Florida. Such change was autitions of, Section 607.0505, Floridations of Section 607.0505, Floridation 607.0505,	togistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	on a board of directors. Thereby accept	DATE ICERS AND DIRECTORS IN 12 Change Addit	ition
office or reagent. I ail SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	egistered agent, or both, in the State of m familiar with, and accept the obligated agen. Signature, typed or printed name of registered agen. OFFICERS AN DEWEY, ANN M. 1605 MAIN ST #912	of Florida. Such change was autitions of, Section 607.0505, Floridations of Section 607.0505, Floridation 607.0505,	togistered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 32 NAME	on a board of directors. Thereby accept	DATE ICERS AND DIRECTORS IN 12 Change Addit	ition
office or reagent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 obligated agen. Signature, typed or printed name of registered agen. OFFICERS AN DEWEY, ANN M. 1605 MAIN ST #912	of Florida. Such change was autitions of, Section 607.0505, Floridations of Section 607.0505, Floridation 607.0505,	tegistered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	on a board of directors. Thereby accept	DATE ICERS AND DIRECTORS IN 12 Change Addit	ition
office or reagent. 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 obligated agen. Signature, typed or printed name of registered agen. OFFICERS AN DEWEY, ANN M. 1605 MAIN ST #912	of Florida. Such change was autitions of, Section 607.0505, Floridations of Section 607.0505, Floridation 607.0505,	togistered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 32 NAME	on a board of directors. Thereby accept	DATE ICERS AND DIRECTORS IN 12 Change Addit	ition
office or reagent. 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 obligated agen. Signature, typed or printed name of registered agen. OFFICERS AN DEWEY, ANN M. 1605 MAIN ST #912	of Florida. Such change was autitions of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of the section of the s	tegistered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	on a board of directors. Thereby accept	DATE ICERS AND DIRECTORS IN 12 Change Addit Change Addit	ition
office or it agent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	egistered agent, or both, in the State of m familiar with, and accept the obligated agen. Signature, typed or printed name of registered agen. OFFICERS AN DEWEY, ANN M. 1605 MAIN ST #912	of Florida. Such change was autitions of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of the section of the s	tegistered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	on a board of directors. Thereby accept	DATE ICERS AND DIRECTORS IN 12 Change Addit Change Addit	ition
office or reagent. I ail 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 obligated agen. Signature, typed or printed name of registered agen. OFFICERS AN DEWEY, ANN M. 1605 MAIN ST #912	of Florida. Such change was autitions of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of the section of the s	tegistered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	on a board of directors. Thereby accept	DATE ICERS AND DIRECTORS IN 12 Change Addit Change Addit	ition
office or it 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 obligated agen. Signature, typed or printed name of registered agen. OFFICERS AN DEWEY, ANN M. 1605 MAIN ST #912	of Florida. Such change was autitions of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of the section of the s	tegistered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	on a board of directors. Thereby accept	DATE ICERS AND DIRECTORS IN 12 Change Addit Change Addit	ition ition
office or it agent. I ai agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	egistered agent, or both, in the State of m familiar with, and accept the obligated agen. Signature, typed or printed name of registered agen. OFFICERS AN DEWEY, ANN M. 1605 MAIN ST #912	of Florida. Such change was autitions of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of the section of the s	tegistered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	on a board of directors. Thereby accept	DATE ICERS AND DIRECTORS IN 12 Change Addit Change Addit	ition ition
office or it agent. I ai agent. I ai agent. I 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 obligated agen. Signature, typed or printed name of registered agen. OFFICERS AN DEWEY, ANN M. 1605 MAIN ST #912	of Florida. Such change was autitions of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of the section of the s	tegistered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE	on a board of directors. Thereby accept	DATE ICERS AND DIRECTORS IN 12 Change Addit Change Addit	ition ition
office or it agent. I ai 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 obligated agen. Signature, typed or printed name of registered agen. OFFICERS AN DEWEY, ANN M. 1605 MAIN ST #912	of Florida. Such change was autitions of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of the section of the s	tegistered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	on a board of directors. Thereby accept	DATE ICERS AND DIRECTORS IN 12 Change Addit Change Addit	ition ition
office or it agent. I ai agent. I ai agent. I 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 obligated agen. Signature, typed or printed name of registered agen. OFFICERS AN DEWEY, ANN M. 1605 MAIN ST #912	of Florida. Such change was autitions of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of the section of the s	tegistered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	on a board of directors. Thereby accept	DATE ICERS AND DIRECTORS IN 12 Change Addit Change Addit	tion ition

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

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 for on an attachment with an address, with all other like empowered.

941-922-0554