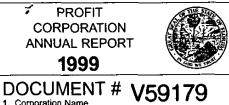
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

FILED Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90272 040 ***150.00

FIELDST	ONE DEVELOPMENT CO	RPORATION								
Principal Place	e of Business	Mailing Address				1	 		DIBIL TIBIL BIBIL T	1811 BIBN 1881
									*	
2403 TRADE CENTER WAY SUITE 6 SUITE 6										
NAPLES FL 34109 NAPLES FL 34109						DO NOT WRITE IN THIS SPACE				
US US							Date Incorporated or Qualifed			
							08/21/1992		- 	
2. Principal Place of Business 2a. Mailing Address							FEI Number	•		plied For
21 26						<u> </u>	<u>65-0382628</u>			t Applicable
Suite, Apt. #, etc.						5.	Certifcate of Status Desired		\$8.75 A	
22 27 27 27 27 27 27 27 27 27 27 27 27 2			<u> </u>			+				· · · —
City & State City & State						1 -	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
			Country			+	This corporation owes the curr	ent vear in		01000
Zip	· ·		30	y			Personal Property Tax.	ent year n		□No
24	9. Name and Address of Cur		<u> </u>		<u>~</u>		Name and Address of New F	legistered		
	5. Haire and Address of Out	Tem Registered Agent	81	Na Na	me			_ 		
BRU	GGER, CAROL R		-	1				LIL		
600 FIFTH AVE. SOUTH			82	2 Sti	reet Addre	ss (P.	O. Box Number is Not Accepta	ible)		
SUITE 207			8:	3						
	LES FL 34102									
			84	1 Cit	ty			F	85 Zip (Code
11 Purcuent	to the provisions of Sections 607 (0502 and 607.1508, Florida Statutes	s the abov	/e-nai	med corpo	ration	submits this statement for the	DUMBOSO	f changing its	registered
office or r	agistored agent or both in the St	J502 and 607.1508, Florida Statute ate of Florida. Such change was au ligations of, Section 607.0505, Flori	thorized bi	v the o	corporation	n's bo	ard of directors. I hereby accep	ot the appo	ointment as re	gistered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable //NOTS- I	Registered Age	ent eign:	ture required	when re	unstating)	DATE		
12.		AND DIRECTORS	13.	an angin	ataro redones		ADDITIONS/CHANGES TO OF		ND DIRECTO	RS IN 12
TITLE	PSTD	DELETE	1.1 TITLE						☐ Change	Addition .
NAME	BRUGGER, JOHN N.		1.2 NAME							
STREET ADDRESS	THE PERSON OF COLUMN CONTRACT			1.3 STREET ADDRESS						
CITY-ST-ZIP	NAPLES FL 34102			1.4 CITY-ST-ZIP						
TITLE				TITLE				Change	Addition	
NAME				22 NAME						
STREET ADDRESS	AND DESCRIPTION OF ACCUSE ASSETS			2.3 STREET ADDRESS						
	MADIEC EL CARCO			2.4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE				3.1 TITLE					☐ Change	Addition
NAME			3.2 NAME	3.2 NAME						ļ
STREET ADDRESS			3.3 STRE		RESS					
CITY-ST-ZIP			3.4. CITY-		- 1					
TITLE		☐ DELETE	4.1 TITLE				-		☐ Change	Addition
NAME		_	4. 2 NAMI		İ					ļ
STREET ADDRESS			4.3 STRE		RESS					
	·		4.4 CITY-							ļ
CITY-ST-ZIP TITLE	 	☐ DELETE	5.1 TITLE						☐ Change	Addition [
NAME			5.2 NAME							
STREET ADDRESS			5.3 STRE		RESS					
CITY-ST-ZIP			5.4 CITY-]
TITLE	<u> </u>	☐ DELETE	6.1 TITLE						Change	Addition
NAME			6.2 NAME							
STREET ADDRESS	State States		6.3 STRE	ET ADDI	RESS					

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.

6.4 CITY-ST-ZIP

SIGNATURE:

Daytime Phone #