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



_ FILE	NOW: FILING FEE	_ FILED							
PROFIT CORPORATION ANNUAL REPORT		Katherii	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State			Apr 16, 1999 8:00 am Secretary of State			
1999 DIVISION OF C			ORPOR	RATIONS	04-16-1999 90				
DOCU 1. Corporatio RS & SS	MENT # V65210)	- 10						
1					HII EIEN EU				
Principal Plac C/O OASIS PL 5305 FRUITVILI SARASOTA FL US	ib Le ro	Mailing Address 3150 JAMAICA STREET SARASOTA FL 34231		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed					
		يتر بدين يويديوها المستنهاي	-		09/17/1992			<u>. </u>	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 65-0370407			olied For Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$	8.75 A Fee Red	dditional quired	
City & Stat	e	City & State			6. Election Campaign Financing		5.00	, ,	
23 Zip	Country	Zip	Col	untry	Trust Fund Contribution This corporation owes the curr	ant year Intanci		- Fees	
24	25	<u> </u>	30	,	Personal Property Tax.	ent year thangi		XNo	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New F	Registered Age	nt		
7 SC	ivin, stephen H. Duth Lime Avenue Asota Fl. 34237			82 Street Add 83 84 City	dress (P.O. Box Number is Not Accepta	FL 8	S Zip C	Code	
44 Dureuant	to the provisions of Sections 607.05	502 and 607 1508 Florida Statute	e the a	bove-named cor	poration submits this statement for the	:	nging its i	registered	
. office or r	egistered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida. Such change was au	thorized	d by the corporat	tion's board of directors. I hereby accep	t the appointme	nt as reg	pistered	
SIGNATURE	Signature, typed or printed name of registered as	nent and title if confinable. (NOTE:	Registered	Agent signature requir	red when reinstating)	DATE		\	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND D	RECTO	RS IN 12	
TITLE	Р	☐ DELETE	1,1 TI	TLE			Change	Addition	
NAME	SELLERS, RUTH H.		1.2 N	AME [ļ	
STREET ADDRESS	3150 JAMAICA STREET		1	TREET ADDRESS					
CITY-ST-ZIP TITLE	SARASOTA FL	☐ DELETE	2.1 TI	TLE			Change	Addition	
NAME "-	SELLERS, STEPHEN R.			AME -					
STREET ADORESS	3150 JAMAICA STREET		2.3 \$	TREET ADDRESS					
CITY-ST-ZIP	SARASOTA FL			CITY-ST-ZIP			<u> </u>		
TITLE	<u> </u>	☐ DELETE	3.1 ∏	1		∐ 	Change	Addition	
NAME				AME TREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				OTY-ST-ZIP					
TITLE		☐ DELETE	4.1 TI				Change	☐ Addition	
NAME ,		•	4. 2 N	IAME				{	
STREET ADDRESS			4.3 S	TREET ADDRESS					
CITY-ST-ZIP		☐ DELETE	4.4 C	TY-ST-ZIP			Change	Addition	
TITLE NAME		M DEFE IE	5.2 N			ں	ongo		
STREET ADDRESS	,			TREET ADDRESS				}	
CITY-ST-ZIP	<u> </u>		5.4 C	TY-ST-ZIP					
TITLE		☐ DELETE	6.1 TI				Change	☐ Addition	
NAME	l '		6.2 N	AME					

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.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

STREET ADDRESS

DAME OF SIGNING OFFICER OF DIRECTOR

(941) 379 - 2703 Daytime Phone #

Date