## 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 # **G42151**

Principal Place of Business	Mailing Address
/20 Goodlette road #202	720 GOODLETTE ROAD #202
Naples FL 33940	NAPLES FL 33940

## **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90151 008 \*\*\*150.00

LAKEVIE	W GARDENS DEVELOPMEN	IT CORPORATION								
Principal Place	e of Business	Mailing Address				- 1 \$\$\$\$()(\$ \$\$\$1) \$1\$\$10 14\$\$01 15\$804 \$11\$11 1101 0		AL BIBN BIBN	I BIREL BEBLI IBBI	
720 GOODLETTE ROAD #202 720 GOODLETTE ROAD #202 NAPLES FL 33940 NAPLES FL 33940			202			DO NOT WRITE IN	THIC (	CDACE		
						3. Date Incorporated or Qualifed	mia a	SPACE		
						06/03/1983				
2. Principal P	lace of Business	2a. Mailing Address			_	4. FEI Number		P	Applied For	
21	_	26				59-2390279			lot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired			Additional Required		
City & State	e	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution			to Fees	
Zip Country Zip			Count	ry		8. This corporation owes the current year Intangible				
<b>24</b> 3410	2-5656 25	<b>29</b> 34102-5656	30			Personal Property Tax.		Yes	<b>⊠</b> No	
	9. Name and Address of Current	t Registered Agent		<u> </u>		10. Name and Address of New Register	red A	gent		
MAC	e, Edward J.		8	"	Name				,	
720	GOODLETTE ROAD #202		8.	2	Street Addre	ss (P.O. Box Number is Not Acceptable)				
NAPI	LES, 33940		8	3						
			8	4	City		FL	85 Zip	Code 102	
11 Dureuant	to the provisions of Sections 607 0503	and 607 1508. Florida Statut	es the abo	Ve-r	named como	ration cubmits this statement for the nurnos	e of c	hanging it	s registered	
office or n	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was a	iuthorized b	y th	ne corporation	n's board of directors. I hereby accept the a	ppoint	tment as r	registered	
SIGNATURE				_						
45	Signature, typed or printed name of registered agent		: Registered Ag	ent s	signature required	when reinstating) DAT ADDITIONS/CHANGES TO OFFICER		DIRECT	OPS IN 12	
TITLE	OFFICERS AND	DELETE	1.5 TITLE		<del></del>	ADDITIONS/CHANGES TO OFFICER	2 VIAE	Change		
NAME	MACE, EDWARD		1.2 NAME			•				
STREET ADDRESS				1.2 NAME 1.3 STREET ADDRESS						
	114 DI TO TI 4000			1.4 CITY-ST-ZIP					)	
CITY-ST-ZIP TITLE	VP			2.1 TITLE				Change	Addition	
NAME				2.2 NAME				_ ,	_	
STREET ADDRESS				2.3 STREET ADDRESS						
CITY-ST-ZIP	NAPLES FL									
TITLE	P	☐ DELETE	3.1 TITLE		<u> </u>	· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME	FORESMAN, WILLIAM		32 NAME			-				
STREET ADDRESS	1040 SIXTH AVENUE NORTH		3.3 STRE		DDRESS					
CITY-ST-ZIP			3.4. CITY				_		\	
TITLE		☐ DELETE	4.1 TITLE					Change	e	
NAME			4. 2 NAM	4. 2 NAME						
STREET ADDRESS			4.3 STRE	ET A	DDRESS					
CITY-ST-ZIP			4.4 CITY-	ST-Z	ZIP					
TITLE		☐ DELETE			1			☐ Change	Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STRE						}	
CITY-ST-ZIP			5.4 CITY-		ZIP					
TITLE		☐ DELETE	6.1 TITLE					☐ Change	Addition	
NAME			6.2 NAME					•		
STREET ADDRESS			6.3 STRE	ETA	DDRESS				ļ	

14. I hereby certify that the information supplied with his 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 arrhual 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 a state 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 a state of the corporation or the receiver or trustee empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

EDWARD J. MACE, SEC/TREAS RINTED NAME OF SIGNING OFFICER OR DIRECTOR