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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000082444 (9)

WILD PINES OF NAPLES, INC.

FILED Apr 15 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address		I TERNIARA INK TERME SINIT RANKA MANAN R	I BIRDY KONTO TABEN ANON OLDIN BYÐY UÐ Þ
2745 WILD PINES LANE		2745 WILD PINES LANE			
SUITE J-519		SUITE J-519			
NAPLES FL 34112		NAPLES FL 34112		DO NOT WRITE IN	THIS SPACE
US		US		3. Date Incorporated or Qualified	
9 Principal D	lace of Business	Las Mailine Address		12/02/1993	
21 21	lace of business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# etc	26 Suite, Apt. ₩, etc.		65-0454492	Not Applicable
22	.,	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid to	
24	25	29 3	0	Personal Property Tax due June 30	
	9. Name and Address	of Current Registered Agent		10. Name and Address of New Regis	tered Agent
CO	Lemand, Kevin Esq.		81 Name		
4001 TAMAMI TR N			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
SUITE 404					
NA	PLES FL 33940		83		
			84 City		85 Zip Code
			-		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
agent. I am familial with, and accept the obligations of, Section 607.0300, Fibrida Statutes.					
SIGNATURE	Signature, typed or printed name of r	egistered agent and title if applicable (NOTE f	Registered Agent signature re	quired when reinstating)	DATE
12.		CERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	IS AND DIRECTORS IN 12
TITLE	PSTD	DELETÉ	1.1 TITLE		Change Addition
NAME	NICHOLSON, ALEXAI		1.2 NAME		
STREET ADDRESS	27401 COUNTRY CLI		1.3 STREET ADDRESS		
CITY+ST-ZIP	BONITA SPGS. FL 33		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME	•	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ D€LETE	3.1 TITLE	•	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADORESS		
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	Desert	3 4. CITY-ST-ZIP		
		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME PROCET ADDOCCO			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ OELETE	4.4 CITY-ST-ZIP		Observe Addition
NAME		Occere	5.1 TITLE		Change Addition
STREET ADDRESS			5.2 NAME		
			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		C Decere			Cuanda FT Voorgou
STREET ADDRESS			6.2 NAME		
			6.3 STREET ADDRESS		
	ertify that the information of	unplied with this filing does not available to	6.4 CITY-ST-ZIP	in Caption 110 07(2)(i) Florida Statutos Last	han a stable to the stable to

in Tiereby 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 of the receiver or frustee amounted to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged the composition of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the r

SIGNATURE:

16/98

(941)783-1337

R2E034 (10/97)