## 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 # P9400009906

Principal Place of Business	Mailing Address				
853 VANDERBILT BEACH RD. STE 350 NAPLES FL 34108 US	853 vanderbilt beach RD. STE 350 Naples FL 34108 US				
2. Principal Place of Business	2a. Mailing Address				

**FILED** Feb 15, 1999 8:00am **Secretary of State** 

02-15-1999 90024 007 \*\*\*150.00

THERES	sa carollo interiors, in	NC.							
Principal Pla	ce of Business	Mailing Address							BOOLD BALL IEDA
853 VANDERB	ILT BEACH RD.	853 VANDERBILT BEACH	RD.						
STE 350		STE 350				50 MOT MOITE IN T			
NAPLES FL 34	4108	NAPLES FL 34108				DO NOT WRITE IN THE	IIS SP	ACE	
US		US				3. Date Incorporated or Qualifed			
0.0: :	B	Lo. 14-00 Add				02/01/1994			
	Place of Business	2a. Mailing Address				4. FEI Number	Applied		
21	26					65-0463504		Not Applicable	
_ ` `	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
22   City & Sta	nto.	City & State							
— ·	ice	⊢ ´				6. Election Campaign Financing		•	May Be
23   Zip	Country	Zip	Coun	tn.		Trust Fund Contribution		Added	o rees
— ·	<u> </u>	<b>⊢</b> ¬ '	30	iu y		8. This corporation owes the current year		Die Yes	□No
24	25 9. Name and Address of Currer	29 Agent	30			Personal Property Tax.  10. Name and Address of New Register			<u> </u>
	J. Haine and Addiess of Currer	it wedistered whent		81	Name	iv, italiie and Addiess of item Negister	Aye		
AH!	STIN, ARLENE F								
	1 PELICAN BAY BLVD		1	82	Street Add	lress (P.O. Box Number is Not Acceptable)			•
	206A			83		1 5 1 3 1 5 2 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5	( 242)	3.3.20	66 10 200 1285
	PLES FL 34108		1	83			1		的問題
IVA	225 12 54100			84	City		8	5 'Zip	Code
12.	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE ND DIRECTORS	Registered A	gent	signature require	ed when reinstating); DATE ADDITIONS/CHANGES TO OFFICERS	AND C	IRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITL	.E		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition
NAME	CAROLLO, THERESA		1.2 NAA	Æ		• •		_	
STREET ADDRESS		STF 350			ADDRESS				
CITY-ST-ZIP	NAPLES FL 34108	0,5	1.4 CIT						
TITLE	p	☐ DELETE	2.1 TITL					Change	☐ Addition
NAME	CAROLLO, THOMAS	<b>_</b>					_		<del>-</del> .
STREET ADDRESS		STE 350			ADDRESS				
CITY-ST-ZIP	NAPLES FL 34108	012 000	2. 4 CIT						
TITLE	184 223 12 04100	☐ DELETE	3.1 TITL		- 211			Change	Addition
NAME			3.2 NAM	4E					
STREET ADDRESS			3.3 STR	EET	ADDRESS	es e e	٠.	TY . CATE	
CITY-ST-ZIP	- A-1		3.4. CIT						3.43
TITLE		☐ DELETE	4.1 TITL					Change '	Addition
NAME			4, 2 NA/	ΜE					
STREET ADDRESS	3		4		ADDRESS				
CITY-ST-ZIP			4.4 CITY		1				
TITLE		☐ DELETE	5.1 TITL					Change	□ Addition
NAME			0., 11.0						Addition
STREET ADDRESS	s		5.2 NAM	E					☐ Addiboli
CITY-ST-ZIP	85.		5.2 NAM	E (E	ADDRESS				Addition
TITLE			5.2 NAM	E (E EET/			. *		Addition
	* * * * * * * * * * * * * * * * * * * *	☐ DELETE ·	5.2 NAM 5.3 STR	E (E EET/ (-ST-				Change	Addition
NAME		☐ DELETE ·	5.2 NAM 5.3 STR 5.4 CITY	E EET/ -ST-				Change	
NAME STREET ADDRESS		☐ DELETE ·	5.2 NAM 5.3 STR 5.4 CITY 6.1 TITL 6.2 NAM	E (E (EET / (-ST- E				Change	

6.4 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.

SIGNATURE:

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