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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Socretary of State

DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000062658 (5)

## **FILED** Mar 19 1998 8:00am Secretary of State

109, INC.				
Principal Place of Business	Mailing Address			IO DIVID RIBID GIABI QUDA FOVI ABOL
1167 3RD STREET SOUTH #101 1167 3RD STREET SOUTH NAPLES FL 34102 NAPLES FL 34102		H #101	DO NOT WRITE IN T	THIS SPACE
			3. Date Incorporated or Qualified	
			07/26/1996	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc	Suite, Apt. #, etc.		59-3394729	Not Applicable
22	<u> </u>		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	
Zip Country	Zip	Country	8. This corporation owes or has paid th	e current year Intangible
24 25	29	30	Personal Property Tax due June 30.	XX Yes  No
9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registe	ered Agent
SHEAF, STEVEN L		81 Name		
1167 3RD STREET SOUTH #101		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
NAPLES FL 34102				
		83		
		84 City		85 Zip Code
dd Dawydd a llandig a channel Carlo	100 and 607 4660 Flacida Plate	1 1		FL   S   Z   D COCC
11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obli-	ite of Horida. Such change was:	tes, the above-hamed corpora authorized by the corpora	poration submits this statement for the purpo- ition's board of directors. I hereby accept the	e appointment as registered
<ol> <li>agent I am familiar with and accept the obli</li> </ol>	coations of Section 607 0505. Ele	orida Statutor		
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SIGNATURE Signature, typed or profind range of registered in	NOT skills of applicable (NOT	E Registered Agent algorature requi	ired when reinstating) Do	ATE.
SIGNATURE Signature, typed or profit of come of regulated to T. OFFICE RS A	agent and tallo if applicable (NOT	E Registered Agent algorature requi	ired when reinstating) Do	ATE AND DIRECTORS IN 12
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indicated on this annual report of supplemental argular eport is true and accurate and that my signature shall have the same legal effect as if nade under each that I am an officer or director of the corporation or the receiver or rustice 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 officers.