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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 09 1998 8:00am

Secretary of State

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Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000073748 (0)

ETIQUETTE, INC.

Principal Place of Business Mailing Address				1 100(100(110 1014 1001) 0011 0011 0011 0011 1000 1111 1204 0100 1011 1000		
3490 NORTH	KEY DRIVE	3490 NORTH KEY DRIV	Æ			
UNIT C-321 NORTH FT MYERS FL 33803		UNIT C-321 North Ft Myers FL 33903		DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE	
	12110 12 00000	70	*****	3. Date Incorporated or Qualified		
				08/26/1997		
<u> </u>	lace of Business	2a. Mailing Address		4. FEI Number Applied Fo Not Applied Fo		
21	N	26	W-T			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired See Required	41	
City & State	e e	City & State		6. Election Cempaign Financing \$5.00 May Be		
23	~	28		Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible		
24	25	29	30	Personal Property Tax due June 30. Personal Property Tax due June 30.		
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered Agent		
AM	ERILAWYER CHARTERED		81 Name	TANET M. KONOVER		
343	B ALMERIA AVENUE		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
CO	RAL GABLES FL 33134			o North Key Isrive C-32/		
			83	•		
			84 City Nort	h Fort Muers FL 85 3390	~	
District	to the expulsions of Costions 607.0	EO2 and CO7 1EO9 Florida Stat	lutes the above pamed of	Tort Muers FL 3390:	ered	
office or r	egistered agent, or both, in the Sta	te of Florida. Such change wa	s authorized by the corpor	corporation submits this statement for the purpose of changing its register oration's board of directors. I hereby accept the appointment as registers	ed	
	im familiar with, and accept the obj		JANet M. K	CONOVER 4-3-98		
SIGNATURE `	Signally typed or printed name of registered a	BYTYPEY agent and little if applicable (N	IOTE Registered Agent signature red	aquired when reinstating) DATE	—	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	DELETE	1.1 TITLE	Change Ado	noitib	
HAME	KONOVER, JANET M		1.2 NAME			
STREET ADDRESS	3490 N KEY DR, UNIT C-32		1.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH FT MYERS FL 3390	DELETE	1.4 CITY-ST-ZIP	☐ Change ☐ Ado	dition	
TITLE		L DELETE	2.1 TITLE	Change Auc	111011	
NAME CORREST ADDRESSO			2.2 NAME 2.3 STREET ADDRESS			
STREET ADDRESS			2.4 CITY - ST - ZIP			
CITY-ST-ZIP TITLE		DELETE	3.1 TITLE	☐ Change ☐ Ado	dition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		DELETE	4.1 TITLE	Change Add	dition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE	Change Add	ailion	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	5.4 C/TY-ST-Z/P	Change Adv	dition	
TITLE			6.1 TITLE	Change Au	GILIQII	
ETREET ANODECC			6.2 NAME 6.3 STREET ADDRESS			
STREET ADDRESS			6.3 STREET ADDRESS			

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. 4-3-98 941.995.9494 JANET M. KONOVER