Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90051 026 ***150.00

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 # S97406

1. Corporation Name

LE CIEL PARK TOWER, INC.

							VIEN BIBN EL	Bil Bibil iodi
Principal Place of Business · Mailing Address								
4200 GULF SHORE BLVD. NORTH NAPLES FL 34103		4200 GULF SHORE BLVD. NORTH NAPLES FL 34103 US				DO NOT WRITE IN THIS SPACE		
US		US				3. Date Incorporated or Qualifed		
						12/02/1991		
2 Principal Pl	ace of Business	2a. Mailing Address				4, FEI Number	Apr	olied For
— '	age of Basilloss	26	1 ⁻			65-0297878	Not	Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.				\$8.75 A	dditional
22		27				5. Certificate of Status Desired	Fee Red	quired
City & State	3	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28	8			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intang		
24	25	29	30			Personal Property Tax. Yes No		
2-71	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Age	ant	
				81	Name			Ì
CATA	ALANO, ANTHONY J.		82 Street Add		Street Adv	dress (P.O. Box Number is Not Acceptable)		_
4001	TAMIAMI TRAIL NORTH		. 62 311		Olieet Aut	uress (1.0. box rumbor to rect russpinete)		
SUIT	E 404	•					-	_
NAPL	LES FL 34103						85 Zip C	ode
				84	City	FL	25 Zip C	,000
office or re agent. I as	egistered agent, or both, in the State on the obligation of the ob	of Florida, Such change was a tions of, Section 607.0505, Flo	rida Stati	utes.		progration submits this statement for the purpose of characteristics board of directors. I hereby accept the appointm	ent as reg	gistered
	Signature, typed or printed name of registered again			Agent	i signature requi	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTO!	RS IN 12
12.	OFFICERS AN	D DIRECTORS	13.				7 Change	Addition
TITLE	PD	□ Deceie	1.1 TT				,g-	_
NAME	LUTGERT, SCOTT F		1.2 N					ŀ
STREET ADDRESS	4200 GULF SHORE BLVD N		•		ADDRESS			
, CITY-ST-ZIP	NAPLES FL		_	TY-ST	-ZIP		Change	Addition
TITLE	VSD	☐ DELETE	2.1 TI		ĺ	_	7 Ollange	
NAME	BAKER, RICHARD J		2.2 N					1
STREET ADDRESS	4200 GULF SHORE BLVD N		I		ADDRESS			
CITY-ST-ZIP	7 6 6 6 7 6		_	ΠY-S	T-ZIP	- garage constitution of the constitution of t	T Change	Addition
TITLE	VTD	☐ DELETE	3,1 Π		1	L	7 Ollends	
NAME	GUTMAN, HOWARD		3.2 N		1			}
STREET ADDRESS	4200 GULF SHORE BLVD N				ADDRESS)
CITY-ST-ZIP	NAPLES FL		3.4.0		T-ZIP		Change	Addition
TITLE	AS	☐ DELETE	4.1 Ti			L	7 change	
NAME	Gutman, Howard		4. 2 NAM		Ì			}
STREET ADDRESS	4200 GULF SHORE BLVD N		4.3 S	TREET	ADORESS			
CITY-ST-ZIP	NAPLES FL		4.4 CITY		r-zip			
TITLE		☐ DELETE	5.1 Τ			L	_ Change	☐ Addition
NAME			5.2 N		.			}
STREET ADDRESS					ADDRESS			}
CITY-ST-ZIP				TTY- ST	(- ZIP		705	
TILE	Lui Dece le			TITLE			_ Change	☐ Addition
NAME			6.2 N	AME				ļ

6.3 STREET ADDRESS

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information port is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an integer provided to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.4 CITY-ST-ZIP

address, with all other like empowered.

SIGNATURE:

14. I hereby certify that the information supplied with indicated on this annual report or supplemental officer or director of the corporation or the recent Block 12 or Block 13 if changed, or on an attack

STREET ADDRESS

CITY-ST-ZIP

(941) 261-6100