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

**PROFIT CORPORATION ANNUAL REPORT** 

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

1	MEN I		6 (3)				ı		
LE CIE	L VENETI	AN TOWER, INC.						8:8:11	ERI BIERR ROOF
Principal Place of Business			Mailing Address	Mailing Address					
4200 GULF SHORE BLVD. NORTH NAPLES FL 34103			2	D MODIL					
			NAPLES FL 33940	4200 GULF SHORE BLVD. NORTH NAPLES FL 33940			DO NOT WRITE IN THIS SPACE		
U\$							3. Date Incorporated or Qualified	115 SPACE	
							06/22/1992		
2. Principal F	Place of Busin	ess	2a. Mailing Address				4. FEI Number		Applied For
21			26				65-0341380	N N	lot Applicable
Sulte, Apt.	. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
City & State			City & State						Pequired
23			28				6. Election Campaign Financing Trust Fund Contribution		May Be I to Fees
Zip 24		Country	Zip 24102	¬ ` ^44^^			8. This corporation owes or has paid the	- ·	
[24]		25 and Address of Curre		30]	Personal Property Tax due June 30. Yes No  10, Name and Address of New Registered Agent			) NO	
C4				8	1 Na	me	IV. Hamo and Addison of How House	ou rigorii.	
CATALANO, ANTHONY J. 4001 TAMIAMI TRAIL NORTH				8	2 Str	et Addre	ess (P.O. Box Number is Not Acceptable)	<del></del>	
SUITE 404					3				
N/A	NPLES FL 34	103		Ľ	3				
					<b>B4</b> City			<b>85</b> Zip	Code
11. Pursuant	to the provisi	ons of Sections 607.050	02 and 607.1508, Florida Statu	tes, the abo	ve-nan	ed corp	oration submits this statement for the purpos on's board of directors. I hereby accept the		its registered
agent. I a	am <b>fa</b> miliar wit	h, and accept the oblig	ations of, Section 607.0505, Fl	orida Statut	es.	DOI POI BUI	one board of directors. Thereby accept the	арронильн ас	s registered
SIGNATURE	Signature, typod	or printed name of registered ag-	ent and little if applicable (NO	TE Registered A	gent sign	alure require	ed when reinstating) DAT	E	
12.	OFFICERS AN		D DIRECTORS	13.	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PD		☐ DELETE	1.1 TITLE				Change	Addition
NAME	20102111, 0001111			1.2 NAME					
STREET ADDRESS	TEGO CODE ONOTICE DETON		ORTH		1.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	NAPLES	<u> </u>	DELETÉ	1.4 CITY				☐ Change	Addition
NAME	VSD DICHARD I			2.2 NAME		-		CT CHAINE	L) Addition
STREET ADDRESS	British i includio				et addre	۱ ،			
CITY-ST-ZIP NAPLES FL			2.4 CITY-ST-ZIP						
TITLE	VTD		DELETE	3.1 TITLE				Change	Addition
NAME	GUTMAN, HOWARD			3.2 NAME					
STREET ADDRESS	4200 GU	LF SHORE BLVD., N	ORTH	3.3 STREE	et addre	ss			
CITY-ST-ZIP	NAPLES	FL		3.4. CITY					
TITLE	AS		☐ DELETE	4.1 TITLE				Change	Addition
NAME		, HOWARD		4. 2 NAM					
STREET ADDRESS		lf shore blvd., N	ORTH	4.3 STREE		SS			
CITY-ST-ZIP TITLE	NAPLES	<u> </u>	DELETE	4.4 CITY-		<del></del>		☐ Change	Addition
NAME				5.2 NAME				- Andrige	
STREET ADDRESS				5.3 STREE		ss			
CITY-ST-ZIP				5.4 CITY-		<u> </u>			
TITLE			☐ DELETE	6.1 TITLE				☐ Change	Addition
NAME				6.2 NAME				·	
STREET ADDRESS				6.3 STREE	et addre	SS			
0.57 55 50						1			

(941) 261-6100

by for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under oath; that I am an ed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

**FILED** 

Mar 26 1998 8:00am

Secretary of State