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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

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Mailing Address Principal Place of Business 2175 SHAD COURT, ROYAL HARBOR 2175 SHAD COURT, ROYAL HARBOR NAPLES FL 33962 NAPLES FL 33962 3. Date incorporated or Qualified 3a. Date of Last Report 03/20/1995 03/12/1993 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0395117 21 2570 Ft Denaud Road 2750 Ft Denaud Road Not Applicable 26 Suite, Apt. #, etc \$8.75 Additional Suite Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Labelle, FL Labelle, Country 8. This corporation has liability for intangible tax under s 199.032, Country 33935 30 Hendry Florida Statutes Yes No 25 Hendry 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)

2750 Ft Denaud Load ARATA, ANDRE P 82 **2175 SHAD CT** В3 NAPLES FL 33962 City Zip Code 33935 84 Labelle 11. Pursuant to the provisions of Sections 607.050? and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statules. (NOTE: Brigistero: Agent signature respired when reinstating) DATE Standare, typed or product have of regulated agent and fixed applicable CR2E034 (12/95) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1 1 TITLE ח BL F ARATA, ANDRE P NAME 1.2 NAME Arata, Andre P 2175 SHAD CT SUBSELLATIONSSS 1.3 STREET ADDRESS 2570 Ft Denaud Road NAPLES FL GB-SLZE 1.4 CITY - ST - ZIP <u> Labelle, FL 33935</u> Change Addition DELETE 2.1 TITLE 11113 2.2 NAME 2.3 STREET ADDRESS STREE - AUDRESS 2 4 CITY - ST - ZIP 01 × \$1-719 DELETE Change Addition 3 1 THILE THE 3.2 NAME NAM: 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST- ZIP 01h - \$1. ZII Change Addition DELETE 4 1 THE 30164 N. 94 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP 0(h - \$1 - Zit) DELETE Change Addition 5 1 TITLE FILE. 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CHY-ST-Z-P CUY-ST ZIE ☐ Change Addition [] DELETE 6 1 TITLE 1d.f NAM: 62 NAME 6.3 STREET ADDRESS STRIFT MICRES 6.4 CITY - ST-ZIP City St. 78: 14. I do hereby certify that the information supplies with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 goth; 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

Andre P Arata