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

PROFIT
CORPORATION
ANNUAL REPORT
1998

DOCUMENT #
1. Corporation Name
SHARONDALE REAL



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

678952 (3)

- '

FILED Apr 13 1998 8:00am Secretary of State

CHVDU	NDALE REALTY, INC.		Terror Sur	2.1	
OHAHO	NOALL HEALTT, INC.		•		il Gibii Bibis Osba Atbil (Dei
Principal Plac	e of Business	Mailing Address			41 0 1014 010 14 010 11 0 1014 100 4
Principal Place of Business		•			
280 GULF SHORE BLVD. N. NAPLES FL 34102-8450		280 GULF SHORE BLVD. I NAPLES FL 33940	N.		
US		US		DO NOT WRITE IN THIS	SPACE
"				3. Date Incorporated or Qualified	
				07/18/1980	
2. Principal P	lace of Business	2a. Mailing Address	<u> </u>	4. FEI Number	Applied For
21		26		59-2015017	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Commodio di ciatta Decirca	Fee Required
City & State		City & State		6. Election Campaign 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 co	
24	25		30	Personal Property Tax due June 30.	Yes No
	9, Name and Address of Curre	nt Hegistered Agent	81 Namo	10. Name and Address of New Registered	Agent
PHILLIPS, JACKIE S			IVallio		
	GULF SHORE BLVD N.		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
, NA	PLES FL 33940		83		
1			65		
			84 City		85 Zip Code
744 6 7	A. A	20 - 12 A07 4500 Fig. 21 - 01-14-		FI	- I have be its recisioned
11. Pursuant to the provisions of Sections 607,0002 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. La	ım fa miliar with, and accept the obliç	gations of, Section 607.0505, Flo	rida Statutes.		
SIGNATURE	Signature, typed or printed name of registered ag	MCTI	Registered Agent signature requ	ulred when reinstating) DATE	MAN WAR
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PST	DELFTE	1.1 TITLE	TIDDITION OF THE TIDE TO SET T	Change Addition
NAME	GOLDSTEIN, IRMA		1.2 NAME		- · · · · · · · · · · · · · · · · · · ·
STREET ADDRESS	2265 41ST ST SW		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 City - ST - ZIP		34116
TITLE		DELETE	21 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		-
CITY-ST-ZIP			2.4 CITY - ST - ZIP		
TITLE		☐ DELĒTE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
\$TREET ADDRESS			3.3 STREET ADDRESS		
CiTY-ST-ZIP			3.4. CITY- S1-7IP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-7IP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 SYREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELĒTĒ	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		
14. I hereby o	cortify that the information supplied v	vith this filing does not qualify for	r the exemption stated in	n Section 119.07(3)(i), Florida Statutes. I further o	ertify that the information

19. Thereby coming that the information supplies with this timing does not quality 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 of frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged or on an attachy out with an address.

OLONIATURE

il low quilous