Feb 24, 1999 8:00 am Secretary of State 02-24-1999 90089 022 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

1999

DOCUMENT #	# I 24210
 Corporation Name 	

 Corporation 	NEIN # L24210)							
Principal Place	e of Business	Mailing Address				E 18871814 Bra +1811 Bras 1188	1 fillt Mitt minit (TERCE BIRTH BIRTH BI	E)(#(#() 1##)
4373 MERCANTILE AVE NAPLES FL 33942		4373 MERCANTILE AVE NAPLES FL 33942			DO NOT W	RITE IN THIS	S SPACE		
						3. Date Incorporated or Qualifo			
					}	10/19/1989			l
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Apr	olied For
21		26				65-0150339		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		. \$8.75 A	
22		27						Fee Rec	·
City & State	e	City & State				6. Election Campaign Financin	^{ng} □	\$5.00 1	· ·
23		28				Trust Fund Contribution		Added to	Fees
zip 3 4/1	≈ L Country	Zip 34104 [3	Coun	try		8. This corporation owes the c	urrent year In		□No
24 3 TI		29 0 10 1	0			Personal Property Tax. 10. Name and Address of New	Booletoror		
	9. Name and Address of Curre	nt Registered Agent		31 Name	_	TO. Name and Address of New	* Kegistered	Agent	
LIER	ERFARB, STANLEY J.		Ľ						
4001 TAMIAMI TRAIL NORTH			32 Street A	Address	s (P.O. Box Number is Not Acce	ptable)			
	E 330		1	33					
	LES FL 33940								
				34 City			FL	85 Zip C	ode
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was aut ations of, Section 607.0505, Florid	horized i la Statut	ov the corpo	orations	s board of directors. I hereby ac	pate	intment as reg	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITL	E				☐ Change	☐ Addition
NAME	LAGRASTA, DOMENICO		1.2 NAW	Ε					
STREET ADDRESS	506 106TH AVE. NO.		1.3 STR	EET ADDRESS					
CITY-ST-ZIP	NAPLES FL 34108		1.4 CITY	'-ST-ZIP					
TITLE	D	☐ DELETE	2.1 TITL	E				Change	Addition
NAME	LAGRASTA, MARIA		2 2 NAM	Æ	ĺ				
STREET ADDRESS	506 106TH AVENUE N		2.3 STR	EET ADDRESS					
CITY-ST-ZIP	NAPLES FL 34108		-	Y-ST-ZIP					
TITLE		☐ DELETE	3.1 T/TL	E				☐ Change	Addition
NAME.			3.2 NAM	- 1	ļ				
STREET ADDRESS			3.3 STR	EET ADDRESS					
CITY-ST-ZIP			_	Y-ST-ZIP	├ ─			☐ Change	Addition
TITLE		☐ DELETE	4.1 TITL					Change	☐ ∧ddiaoin
NAME			4. 2 NA			_	_		
STREET ADDRESS				EET ADORESS					
CITY-ST-ZIP			•	r-ST-ZIP	 			Change	Addition
TITLE		☐ DELETE	5.1 TITL 5.2 NAM	1					L.J. iddisoli
NAME				EET ADDRESS					
STREET ADDRESS				(-ST-ZIP			•		
CITY-ST-ZIP			0.4 GH	-01"431"					

CITY-ST-ZIP 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

941-643-1566

☐ Change

☐ Addition