

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

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90098 020 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P97000105596

1. Corporation Name
OBP I CORPORATION

| | |
|--|---|
| Principal Place of Business 2600 GOLDEN GATE PARKWAY NAPLES FL 34105 | Mailing Address PO BOX 413038 NAPLES FL 34101 US |
|--|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------------|--|---------------------------|--|--|--|
| 2. Principal Place of Business 21 | | 2a. Mailing Address 26 | | 3. Date Incorporated or Qualified 12/16/1997 | |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 | | 4. FEI Number 65-0806300 | |
| City & State 23 | | City & State 28 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 24 | | Zip 25 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Country 25 | | Country 29 | | 7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

MARINELLI, PAUL J
2600 GOLDEN GATE PARKWAY
NAPLES FL 34105

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| FL | 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 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 Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARINELLI, PAUL J | 1.2 NAME | |
| STREET ADDRESS | 2600 GOLDEN GATE PARKWAY | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL 34105 | 1.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BORDEN, DAVID K | 2.2 NAME | |
| STREET ADDRESS | 2600 GOLDEN GATE PARKWAY | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL 34105 | 2.4 CITY-ST-ZIP | |
| TITLE | ST <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOAZ, BRADLEY A | 3.2 NAME | |
| STREET ADDRESS | 2600 GOLDEN GATE PARKWAY | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL 34105 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GABLE, LAMAR | 4.2 NAME | |
| STREET ADDRESS | 2600 GOLDEN GATE PARKWAY | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL 34105 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COLLIER, BARRON III | 5.2 NAME | |
| STREET ADDRESS | 2600 GOLDEN GATE PARKWAY | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL 34105 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SPROUL, JULIET C | 6.2 NAME | |
| STREET ADDRESS | 2600 GOLDEN GATE PARKWAY | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL 34105 | 6.4 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.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul J. Marinelli, President

3-3-99

941 262-2600

Date

Daytime Phone #

CR2E034 (11/98)

0453951

288376-90098-20
P970001 05594

1999 OFFICERS AND DIRECTORS

| OFFICER/ DIRECTOR | OBP I CORPORATION (FEI # 65-0806300) |
|----------------------|--|
| P RA | Paul J. Marinelli 2600 Golden Gate Parkway Naples, FL 34105 |
| V | David Borden 2600 Golden Gate Parkway Naples, FL 34105 |
| S/T | Bradley A. Boaz 2600 Golden Gate Parkway Naples, FL 34105 |
| D | Lamar Gable 2600 Golden Gate Parkway Naples, FL 34105 |
| D | Barron Collier III 2600 Golden Gate Parkway Naples, FL 34105 |
| D | Juliet C. Sprout 2600 Golden Gate Parkway Naples, FL 34105 |
| D | Frances G. Villere 2600 Golden Gate Parkway Naples, FL 34105 |