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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 370043

(2)

FILED									
Jan 28 1	998	8:00am							
Secreta	ary (of State							

SOMBR	rero isl	E CORP.									
Principa! Place	o of Busines	···	Mailing A	Address							/
275 GULFSHO		•		FSHORE BLVD N	ı						
UNIT 201	JAC DLYU N.		UNIT 20						5.0 1/07 (1/07/4) 7/1/	0.004.05	
NAPLES FL 3	4102			FL 34102					DO NOT WRITE IN THI 3. Date Incorporated or Qualified	S SPACE	———— _—
US			US						•		
2. Principal Pl	lace of Busi	ness	2a. Mailir	ng Address					09/21/1970 4. FEI Number	П	Applied For
21	1000 01 0000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	26	· · · · · · · · · · · · · · · · · · ·					59-1367478	<u> </u>	Not Applicable
Sulte, Apt.	#, etc.			, Apt. #, etc.					5. Certificate of Status Desired	\$8.7	5 Additional
22			27						9. Certificate of Status Desired	Fee	Required
City & State	е		— ·	ß State					6. Election Campaign Financing		00 May Be
23			28		<u> </u>	ıntry			Trust Fund Contribution		d to Fees
Zip		Country	Zip 29		\vdash	лии у			 This corporation owes or has paid the of Personal Property Tax due June 30. 	Surrent year	Intangible No
24	9 Name	25 and Address of Curren		Agent	30	1			10. Name and Address of New Registere		
DD.						81	Name	. ,			
		JIS J. A 1A D re bl vd n.					0	A -1 -1	(D.O. Day Markey is Mal Assessable)		
	IT 201	AUC OFAN IA'				82	Street	Addres	ss (P.O. Box Number is Not Acceptable)		
	PLES FL 3	4102				83		•			
11/1	100110	4102				84	Oite			les 7	ıp Code
						1	City		F	L I''I	·
11. Pursuant to office or reagent. I as	to the provis egistered a ım f a miliar w	ions of Sections 607.0502 gent, or both, in the State ith, and accept the obliga	end 607.150 of Florida. Sud Itions of, Secti	08, Florida Statut ch change was a ion 607.0505, Flo	es, the a authorize orida Sta	bove d by tutes	e-named the corp i.	corpoi poratio	ration submits this statement for the purpose n's board of directors. I hereby accept the a	of changing opointment	j its regislered as registered
SIGNATURE	Slonehire from	or printed name of registered ages	t and title if applica	able (NOT	F. Registere	d Are	of signature	required	when reinstating) DATE		
12.	Signature, types	OFFICERS AND			13.	o ngo	T O G T O T O	лецьне	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	PSDT			DELETE	1.1 1	IFLE		Vi	CE PRESIDENT	Chang	je 🔀 Addition
NAME	DRAKO	S, LOUIS J. A1A			1.2 N	AME		10	HU P. DRAKOS TOTOKET R.D.		
STREET ADDRESS	275 GU	lfshore blvd n			1.3 S	TREET	address	20	O TOTOKET K.V.		
CITY-ST-ZIP	NAPLES	6 FL			_	ITY-S	T - ZIP	BR	AN foro, Ct. 06405		
TITLE	8			DELETE	2.1 T					Chang	je
NAME		S,EOUIS J.			2.2 N						
STREET ADDRESS		CE LOUISE CIR					address				
CITY-ST-ZIP	NAPLE			DELETE		CITY-S	IT - ZIP			Chang	ne Addition
TITLE	3	Louis J. Drako	s A.I.A.	- DELETE	3.1 T 3.2 N					onerg	- Livingi
NAME CARCUT ADDRESS	:	275 Gulfshore	Blvd N				ADDRESS				
STREET ADDRESS City-St-Zip		Naples, FL 3	4102			CITY-S					
TITLE		11041001120	TIVE	DELETE	4.1 T		1 - 211			Chang	je 🔲 Addilion
NAME					4.21	NAME		1	•		
STREET ADDRESS					4.3 S	TREET	ADDRESS				
CITY-ST-ZIP					4.4 0	iTY-S	I - ZIP				
TITLE				DELETE	5.1 T	ITLE				☐ Chang	e
NAME					5.2 N	IAME			·		
STREET ADDRESS		•			5.3 S	TREET	ADDRESS				
CITY-ST-ZIP	;				5.40	ITY-S	1 - ZIP	ļ			
TITLE .	, 4	**		DELETE	6.1 T					L Chang	je 🔲 Addition
NAME .			:		6.2 N				•		
STREET ADDRESS							ADDRESS	Ì			
CITY-ST-ZIP		a internation and Carl	th this filing -	oog pol sustile f	640	ATY-S	1-ZIP	nd in C	ection 119.07(3)(i), Florida Statutes. further	certify that t	the information
14. I nereby o	on this ann	ie information supplied Wi	o gnili ann u togat launga f	ous not quality fo	or une ex curate an	empi id the	non statt at my sic	nature	shall have the same legal effect as if made	under oath:	that I am an

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 off an attachment with an address.

CICNIATURE.

mis I Markes for

1/7/98 941-403-770

CR2E034 (10/97