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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sendra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

CATAL	ANO, FISHER & GREGORY, se of Business II TRAIL NORTH	` '	тн	DO NOT WRITE IN THE	
2. Principal P	Place of Business	2a. Mailing Address		06/01/1978 4. FEI Number	Applied For
21		26		59-1823615	Not Applicable
Suite, Apl. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	-	28		Trust Fund Contribution	Added to Fees
Ζιρ	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25		30	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
	9, Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registere	n waaur
	.TALANO, ANTHONY J. D1 TAMIAMI TRAIL NORTH				
	UT TAMIAMETRAIL NORTH		82 Street Add	fress (P.O. Box Number is Not Acceptable)	
	PLES FL 33940-5702		83		
			84 City		85 Zip Code
			' ' '	F	L I''I '
office or i agent. I a SIGNATURE	Signature typed or printed name of registered age	it and ettent applicable (NOTE	Ulhorized by the corpora rida Statutes. Registered Agent signature requ	poration submits this statement for the purpose ation's board of directors. I hereby accept the a priced when reinstating) DATE	ppointment as registered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AF	
TITLE	PDT AND ANTHONY	DELETE	1.1 Tille		Change Addition
NAME OTOTET ADDOCES	CATALANO, ANTHONY J		1.2 NAME		
STREET ADDRESS	4001 TAMIAMI TRAIL NORTH NAPLES, FL 0		1.3 STREET ADDRESS 1.4 City - St - ZIP		
CITY-ST-ZIP TITLE	VSD VSD	DELETE	2.1 Till E		Change Addition
NAME	GREGORY, C. NEIL	—	2.2 NAME		-
STREET ADDRESS	4001 TAMIAMI TRAIL NORTH		2.3 STREET ADDRESS		
CITY-\$T-ZIP	NAPLES, FL 0		2. 4 CITY- \$1-2IP		
TITLE	VSD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FISHER, A ALSTON JR		3.2 NAME		
STREET ADDRESS	4001 TAMIAMI TRAIL NORTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 00000	DELETE	3.4. CITY-S1-ZIP		Change Addition
TITLE			4.1 TOLE		L Ondrige L Modellon
NAME expect approces			4. 2 NAME		
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
01711 07 710	I		C 4 CITY C1 710		

14. Thereby 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.

1/12/99 941-262-8000

FILED

Jan 20 1998 8:00am

Secretary of State