FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Jan 28 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # 633274 (6)MARIO LAMENDOLA, ARCHITECT, P.A. Principal Place of Business Mailing Address 963 TRAIL TERRACE DRIVE 963 TRAIL TERRACE DRIVE DO NOT WRITE IN THIS SPACE NAPLES FL 33940 NAPLES FL 33940 3. Date Incorporated or Qualified 08/14/1979 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-6475382 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LAMENDOLA, MARIO 2335 TAMIAMI TRAIL N #504 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33940 83 Zip Code City 85 FL 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 little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1 1 TITLE Change Addition LAMENDOLA, MARIO NAME 1.2 NAME 963 TRAIL TERRACE DRIVE, #E STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE Change Addition TITLE **BOLTZ. JEFFREY** NAME 2.2 NAME 963 TRAIL TERRACE DRIVE, #E STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TeTLE LEMENDOLA, PATRICIA AMENDULA, PATRICIA NAME 3.2 NAME 5039 31STAVENUE SW 5039 31ST AVENUE, S.W. STREET ADDRESS 3.3 STREET ADDRESS NAPLES FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE ■ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE. 6.1 TITLE Change

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 apply attachment with in address.

6.2 NAME

63 STREET ADDRESS

6.4 CITY - ST - ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP