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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 01 1998 8:00am

Secretary of State

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300000055 (4)

NAPLES CAPITAL DEVELOPMENT CORPORATION

Principal Plac	e of Business	Mailing Addres	ss			. 1944644 - 1114 - 4149 - 1114 - 4444 - 4444 - 4444 - 4444 - 4444 - 4444 - 4444 - 4444 - 4444 - 4444 - 4444 -
4500 EXECUTIVE DRIVE 4500 EXECUTIVE DR						j .
STE.110		STE. 110	* · = · · · *			DO NOT WRITE IN THIS SPACE
NAPLES FL 3	4119	NAPLES FL 34119				
US		US				3. Date Incorporated or Qualified
A Delegion I D	lose of Ourisons	Do Mailing Age	Irona			01/06/1993
2. Principal Place of Business 2a. Mailing Address			iress			4. FEI Number Applied For
26 Suite, Apt. #, etc. Suite, A			Ont # ota			65-0377278 Not Applicable
	#, etc.	<u></u> ⊢— `	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
22 City & State		City & State				
′	9	F7 '	City & State			6. Election Campaign Financing \$5.00 May Be
Z ip	Country		Zip Country			Trust Fund Contribution Added to Fees
24 Zip						8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No
24	25 29 30 9, Name and Address of Current Registered Agent		[30]	Personal Property Tax due June 30. X Yes No 10. Name and Address of New Registered Agent		
	 			81	Name	10. Hallie and Address of four Hegistoria Agent
	RPORATION SERVICE COMPAN	NY.		L	I Tanto	
120	1 HAYS STREET			82	Street	Address (P.O. Box Number is Not Acceptable)
TALLAHASSEE FL 33301				83		
				03		
				84	City	85 Zip Code
					L	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607.1508, Flo e of Elorida. Such cha	ida Statutes, the	abov zed h	e-named v the corr	corporation submits this statement for the purpose of changing its registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 60	7.05 0 5, Florida S	tatute	S.	poration's board of directors. I hereby accept the appointment as registered
SIGNATURE						
	Signature, typed or printed name of registered as				ent signature	required when reinstating) DATE
12.		ND DIRECTORS	1			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVTD			TITLE		Change Addition
NAME	BROWN, THOMAS G			2 NAME		
STREET ADDRESS	4300 BRYNWOOD DRIVE		: 1.3	STREET	ADDRESS	4500 Executive Drive, Suite 110
CITY-ST-ZIP	NAPLES FL			CITY-S	ST-ZIP	Naples, FL 34119
TITLE	S		ELETE 2.1	TITLE		Change Addition
NAME	PHPPONEN, JEFFREY		2.2	NAME		
STREET ADDRESS	6782 MILL RUN CIRCLE		2.3	STREET	ADDRESS	
CITY-ST-ZIP	NAPLES FL			4 CITY-	ST-ZIP	Naples, FL 34109
TUTE			ELETE 3.1	TITLE		Change Addition
NAME			3.2	NAME		
STREET ADDRESS			3.3	STREET	ADDRESS	
CITY-ST-ZIP			3.4	I. CITY-	ST-ZIP	
TITLE			ELETE 4.1	TITLE		☐ Change ☐ Addition
NAME			4.1	2 NAME		
STREET ADDRESS			4.3	STREET	ADDRESS	
CITY-ST-ZIP				CITY-S		
TITLE				TITLE		☐ Change ☐ Addition
NAME				NAME		_ · _
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				i City-S		
TITLE		П		TITLE	or - ZIF	Change Addition
· 1		·				; Coolige District
NAME				NAME		
STREET ADDRESS			6.3	STREET	ADDRESS	

64 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 ennual 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 recover or twelve empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if glianged, or on an attachnion with an address.