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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Mar 25 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

CITY-ST-ZIP

,	C., INC.	1000001947 (0)			83/X 82/2 // // 10/X 10/X 8/A // // // // // // // // // // // // /
Principal Plac	e of Business	Mailing Address		·  1	8811 1481 1481 1814 1814 1814 1816 1816
10001 AIDDO	RT PULLING ROAD	10681 AIRPORT PULLING	DOAD		
SUITE 24	ni romino nomp	SUITE 24	NOAD		
NAPLES FL 34109		NAPLES FL 34109		DO NOT WRITE IN THIS SPACE	
U\$		U\$		3. Date Incorporated or Qualified	
				04/14/1994	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
		Suite, Apt. #, etc.		58-2047417	Not Applicable
22 27		<del></del>		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		8 Floation Compaign Floraging	······································
23		28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	
24	25	29	30	Personal Property Tax due June 30	<b>-</b>
	9. Name and Address of	Current Registered Agent		10. Name and Address of New Regis	
, wo	PRSE, KARANT		81 Name	MARKE FOR	
5141 WEDGE COURT E			82 Street Add	ress (P.O. Boy Number is Not Acceptable	
BRADENTON FL 34203			106	8) MICOURT RA	N #24
/			83		
·			84 City //	h 0/	85 Zip Code
			///	HYles	FL 34109
	·	307.0502 and 607.1508, Florida Statute: le State of Florida. Such change was au de Abligations of, Section 607.0505, Flor	s, the above-named corputation of the corporal idea (the corpora) (the corpora idea (the	poration submits this statement for the pur tion's board of directors. I hereby accept	pose of changing its registered the appointment as registered
SIGNATURE		istered agent and little if applicable (NOTE:	Registered Agent signature requi	ired when reinstaling	DATE
12.	OFFICE	ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	MORSE, GRANT		1.2 NAME		
STREET ADDRESS	10681 AIRPORT PULLII	NG ROAD, SUITE 24	1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP		
TITLE	8	L DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Ballachino, Sam		2 2 NAME		-
STREET ADDRESS 10681 AIRPORT PULLING ROAD, SUITE 24		NG ROAD, SUITE 24	2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change  Addition
NAME			3.2 NAME		,
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	····	Distre	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		- Driete	4.4 CITY-ST-ZIP	****	
TITLE		☐ DELET <b>E</b>	5.1 TITLE		☐ Change ☐ Addition
NAME CYPERY ADDRESS			5.2 NAME		İ
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP		Change Addition
1		C) DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 suppliemental armulal 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 13 if changed, or on any transport with an address.