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Secretary of State

03-02-1999 90071 007 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F96000002442**

1. Corporation Name
OLD FLORIDA INVESTMENTS, INC.

Principal Place of Business Mailing Address
~~900 6TH AVE S #201~~ **792 Broad Ave. S.** ~~900 6TH AVE S #201~~ **792 Broad Ave. S.**
 NAPLES FL 34102 NAPLES FL 34102
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 **792 Broad Ave. S.** 26 **792 Broad Ave. S.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 _____ 27 _____
 City & State City & State
 23 **Naples, Florida** 28 **Naples, Florida**
 Zip Country Zip Country
 24 **34102** 25 **USA** 29 **34102** 30 **USA**

3. Date Incorporated or Qualified
05/14/1996

4. FEI Number Applied For
88-0356154 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHIARELLI, ANDREA
~~900 6TH AVE S #201~~ **792 Broad Ave. S.**
NAPLES FL 33940
34102

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------|---|--|
| TITLE | DPSV | 1.1 TITLE | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEEKER, MICHAEL IRA | 1.2 NAME | Steve Ramirez |
| STREET ADDRESS | 101 BRISTOL LN | 1.3 STREET ADDRESS | 6770 Pelican Bay Blvd #222 |
| CITY-ST-ZIP | NAPLES FL 33962 | 1.4 CITY-ST-ZIP | Naples, Florida 34108 |
| TITLE | T | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEEKER, MICHAEL IRA | 2.2 NAME | |
| STREET ADDRESS | 101 BRISTOL LN | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL 33962 | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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, with all other like empowered.

SIGNATURE: **Steve Ramirez, President** **1/20/99** **941-261-2200**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)