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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

·		Mailing Addross 8050 TRAIL BLVD. NAPLES FL 33963			
				DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualified	
2 Principal F	Place of Business	2a. Mailing Address		03/25/1983 4. FEI Number	11-5-45-
	TACE OF BUSINESS	28. Walling Address		ì	Applied For Not Applicable
Suite, Apt.	#. etc	Suite, Apt. #, etc.		59-2297633	60.75
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	
2 Zip 3 L	Country	2000	Country	8. This corporation owes or has paid th	
24 5	1100 25		30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Regist	ered Agent
	RDNER, JOSEPH M.		81 Name		
	B 104TH AVENUE NORTH		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
NA	PLE\$ FL 34108		63		
			P3		
			84 City		FL 85 Zip Code
44 Durauant	to the provisions of Sections 607.05	02 and 607 1609 Florida Statuto	e the above named corn	poration submits this statement for the purpo- ion's board of directors. I hereby accept the	
egent. I a SIGNATURE	im familiar with, and accept the oblig	yations of, Section 607.0505, Flor	ida Statutes. Registered Agent signature requir	ed when reinstating) D.	aTE.
TITLE	P	DELETE	1.1301	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	GARDNER, JOSEPH M	□ Millio	1.2 NAME	geduen, Joseph M. 31 ISTAUL NW	E Outlings E Roution
STREET ADDRESS	825 - 104TH ST., N		1.3 STREET ADDRESS 1/6	31 ISTANI NW	
CHY-ST-ZIP	NAPLES FL		1.4 CITY-SI-ZIP	Aples , F) 34119	
TITLE	V	DELFTE	2.1 TITLE	14120311	Change Addition
NAME	KECKLER, MICHAEL D.	– ···	2.2 NAME		
STREET ADDRESS	10867 GOODWIN ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL		2. 4 CITY-ST-ZIP		
TITLE	T	DELETE	3.1 TITLE		Change Addition
NAME	ARREGUIN, ANTONIA		3.2 NAME		
STREET ADDRESS	2127 55TH ST SW		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		3.4. CITY-ST-ZIP		
TITLE	\$	DELETE	4.1 TITLE	-	Change Addition
NAME	Perry, Leon		4. 2 NAME		
STREET ADDRESS	7000 ODON PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT FL		44 CITY-ST-ZIP		-
TITLE		☐ DELETE	5.1 THLE		· Change
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREFT ADDRESS		
CITY-ST-ZIP		The second second	5.4 CITY - \$1 - ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		

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 eath; 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, often an address.

FILED

Apr 13 1998 8:00am

Secretary of State