03-12-1999 90037 046 \*\*\*300.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # G36319

Corporation Name

BUCCAN	ieer Building Corpor	ATION OF NAPLES						
Principal Place	e of Business	Mailing Address						
% RUSSELL V. ROSEN % RUSSELL V. ROSEN								
2329 NINTH ST., N. 2329 NINTH ST., N.					DO NOT WRITE IN THIS SPACE			
NAPLES FL 34103 US US US NAPLES FL 34103					3. Date Incorporated or Qualifed			
US		00			04/26/1983			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
26					59-2285998		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A		
27		27			3. Cermale of Status Desired		Fee Re	quired
City & Stat	e	City & State	ity & State		6. Election Campaign Financing		,	May Be
23		28			Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Country	1	8. This corporation owes the curr	ent year Inta		
24	25	29 3	0		Personal Property Tax.  10. Name and Address of New F	lawistered A		□No
	9. Name and Address of Curr	ent Registered Agent	81	Name	10. Name and Address of New F	(agistereu /	-yent	
ROS	en, Russell V.		61	Ivanie		~~~		
2329 NINTH ST, NORTH			82	Street Addre	ess (P.O. Box Number is Not Accepta	able)		ì
NAPLES FL 33940			83					
14/4	EEO 1 E 30540		03					
			84	City		FL	85 Zip 0	Code
44 5	40-6	EO2 and EO7 1ED9 Elorida Statutos	the abov	o parmed corne	oration submits this statement for the	nurnose of	changing its	registered
office or r agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obli	ie of Florida. Such change was aut	norizea by	the corporation	on's board of directors. I hereby accep	ot the appoir	itment as reg	gistered
SIGNATURE	Signature, typed or printed name of registered	gent and title if applicable. (NOTE. R	tegistered Age	nt signature required		DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	PD DELETE		1.1 TITLE				☐ Change	☐ Addition I
NAME	ROSEN, RUSSELL V.		1.2 NAME					
STREET ADDRESS	330 PIRATES BIGHT		1.3 STREE	TADDRESS				
CITY-ST-ZIP	NAPLES FL		1.4 CITY-S	ST-ZIP				
TITLE		☐ DELETE 2.1 T					Change	☐ Addition
NAME	·		2.2 NAME	Ì				ĺ
STREET ADDRESS			2.3 STREE	TADDRESS	•			
CITY-ST-ZIP			2.4 CITY-	ST-ZIP			· 🗆 🗠	ا عمليد د ۸ اسا
TITLE		☐ DELETE	3.1 TITLE		<del>-</del>		☐ Change	( Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	TADDRESS				
CITY-ST-ZIP			34. CITY-5	ST-ZIP			☐ Change	Addition
TITLE		☐ DELETE	4.1 TITLE				- viange	
NAME			4. 2 NAME	t				1
STREET ADDRESS	-			T ADDRESS				
CITY-ST-ZIP		□ pelete	4.4 CITY-5	ST-ZIP			☐ Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME				c.mingo	
NAME				T ADDRESS				
STREET ADDRESS			5.4 CITY-5	1				}
CITY-ST-ZIP	<del>                                     </del>	☐ DELETE	6.1 TITLE	) - CII	· · · · · · · · · · · · · · · · · · ·		Change	Addition
TITLE			6.2 NAME					
NAME				T ADDRESS				
STREET ADDRESS	ni -							

14. 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 of 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 changes, or an attachment was an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

941-261-1148