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

**PROFIT** CORPORATION **ANNUAL REPORT** 1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G54379

(4)

**BOURBON STREET OF FORT MYERS, INC.** 

## **FILED** Feb 25 1998 8:00am Secretary of State

			- <del> </del>	
Principal Place of Business		Mailing Address		
9131-1 COLLEGE PARKWAY FT. MYERS FL 33919		9131-1 COLLEGE PARKWAY FT. MYERS FL 33919		
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				08/16/1983
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		<b>59-2318033</b> Not Applicable
Suite, Apt. #, etc. Suite, /		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
27				Fee Required
City & State	o o	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Ζφ 73.51	Country	8. This corporation owes or has paid the current year Intangole
24	25 9. Name and Address of Curre	29	30	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
	····	it vedistelen waelit	81 Nar	ame
	ZINAK, WILLIAM		GT ITA	and and
862 CYPRESS LK CR			<b>82</b> Stre	treet Address (P.O. Box Number is Not Acceptable)
Fī.	MYERS FL 33919		83	
			~	
			84 City	ity FL 85 Zip Code
44 Durawani	to the provisions of Sections 607.050	22 and 607 1509 Florida Statu	tos the above nam	amed corporation submits this statement for the purpose of changing its registered
office or r	registered agent, or both, in the State	of Florida, Such change was	authorized by the o	a corporation's board of directors. I hereby accept the appointment as registered
agent I a	im familiar with, and accopt the oblic	ations of, Section 607.0505, F	lorida Statutes.	
SIGNATURE	Signature typed or posted name of registered ag	material title of security while. (Ed)	IF: Brootprod Agen) sign	gnature required when reinstating) DATE
12.	<del></del>	D DIRECTORS	13,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	Change Addillon
NAME	ROZINAK, WILLIAM E.		1.2 NAME	
STREET ADORESS	862 CYPRESS LK CR		1.3 STREET ADDRE	RESS
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY-ST-ZIP	
TITLE		DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRE	RESS
CITY-ST-ZIP			2. 4 CITY - ST - ZIP	IP
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRE	RESS
CITY-ST-ZIP			34 CITY-ST-ZIP	P
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRE	RESS
CITY - ST - ZIP			4.4 CITY-ST-ZIP	P
TITLE		DELETE	5 1 TITLE	Change Addition
NAME			5 2 NAME	
STREET ADDRESS			5.3 STREET ADDRE	ress
CITY-ST-ZIP			5 4 CITY-ST-ZIP	p
TITLE		DELETE	6 1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRE	RESS
CITY - ST - ZIP			6.4 CITY - ST - ZIP	

14. Thereby certify that the information supplied with this filling 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 a raddress.

SIGNATURE: