

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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90068 034 ***150.00

DOCUMENT # G83032

1. Corporation Name
NAPLES MVC INC.

Principal Place of Business

~~26948 HICKORY BLVD~~
~~BONITA SPRINGS FL 33923~~
US

Mailing Address

~~26948 HICKORY BLVD~~
~~BONITA SPRINGS FL 33923~~
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1984

4. FEI Number

59-2373114

Applied For

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

2. Principal Place of Business

LANE
21 319 LITTLE HARBOR

Suite, Apt. #, etc.

22 NAPLES FL

City & State

23 34102 USA

Zip

Country

24

25

2a. Mailing Address

26 319 LITTLE HARBOR LANE

Suite, Apt. #, etc.

27

City & State

28 NAPLES FL

Zip

Country

29

34102

30

USA

9. Name and Address of Current Registered Agent

LIEBERFARB, STANLEY J
4001 TAMiami TRAIL NORTH
SUITE 330
NAPLES FL 33940

10. Name and Address of New Registered Agent

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

TITLE PD ☐ DELETE

NAME SMITH, ANDREW
STREET ADDRESS 26948 HICKORY BOULEVARD
CITY-ST-ZIP BONITA SPRINGS FL

TITLE D ☐ DELETE

NAME MILES, RONALD
STREET ADDRESS 26948 HICKORY BOULEVARD
CITY-ST-ZIP BONITA SPRINGS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 319 LITTLE HARBOR LANE
1.4 CITY-ST-ZIP NAPLES FL 34102

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 319 LITTLE HARBOR LANE
2.4 CITY-ST-ZIP NAPLES FL 34102

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

15 APR 1999 (941)
593-8333

CRZE034 (11/98)