## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sanora B. Mortham Secretary of State

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

	1990	DIVISION C	E CORPORATIONS			
DOCUN 1. Corporation	MENT # <b>H40</b> 1	193 (5)				
	S OFFICE SERVICES, IN	NG.				
Principal Place of Business Mailing Address				- I POOLONI ONEN OLONE OOLON NEONO FOI	ON 1164 DIGHT DIGHT DIGHT DEGAL I	
4005 GULF SHORE BLVD. N. #301 NAPLES FL 33940		4005 GULF SHORE BLVD. N. #301 NAPLES FL 33940				
WIT ELO IE		MAPLES PE 33340				
				<ol> <li>Date Incorporated or Qualified 01/29/1985</li> </ol>	3a. Date of Last Re 04/28/199	port <b>5</b>
2. Principal Place of Business		2a. Mailing Address	——··-·· <del></del> ··	4. FEI Number	TA	pplied For
Suite Apt #, etc.		Suite, Apt. #. etc.		59-2510454	Work Applicable Not Applicable State & \$8.75 Additional	
22]		27		5. Certificate of Status Desired		Additional equired
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be
<b>Z</b> ip	Country	<b>28</b>	Country	Trust Fund Contribution		to Fees
2.p	25	2φ	Gountry 30	8. This corporation has liability for Florida Statutes ☐ Yes	in'angible tax under s≕ s □ No	199.032,
	9. Name and Address of Cui	rrent Registered Agent		10. Name and Address of New I	Registered Agent	
TIMIZEV	/ VANITIANA D		81 Name			
TUNKEY, WILLIAM R. 2250 SW 3RD AVENUE			82 Street Add	ress (P.O. Box Number is Not Acceptal	ole)	
4TH FLOOR			83	83		
MIAMI F	L 33129		<b>84</b> City			
				ration submits this statement for the pu	FL	Code
SIGNATURE	Styriature, typed or protect han is of registered a	a produced by the specific at a control of	vOft. Hogoterat Agost agnature my an		Work 1981	
12. TITLE	PTO	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR  Change	RS IN 12
NAME	TUNKEY, GERALD		1.2 NAME		□ change	☐ Mustroll
STREET ADDRESS	4005 GULFSHORE BLVD.	N.	1 3 STREET ADDRESS			
CITY - ST - ZIP	NAPLES FL VSD		1.4 CITY - ST - 7IP		*****	
THILE NAME	TUNKEY, JANE	☐ DELE1E	2 + TITLE		☐ Change	Addition
STREET ADDRESS	4005 GULFSHORE BLVD.	N.	2.2 NAME 2.3 STREEL ADDRESS			
CITY - ST - ZIP	NAPLES FL		2.4.C-1Y-ST-Z-P			
TITLE		☐ DELETE	3 1 1014		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
City-St-7:P Title		DELF16	3.4 C(TY ST Z)() 4.1 T/TLE		Change	Addition
NAME		<u></u>	4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIÉ!			
TETLE		☐ DELETE	5 I TITLE		☐ Change	Addition
NAME STREET ADDRESS			5.2 NAME			
CITY-ST-ZIP			5 3 STREET ADDRESS 5 4 CHY - ST- ZIP			
TITLE		DELETE	6 1 TITLE		Change	Addition
NAMé			6 2 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			
CITY-ST-ZIP	and it that the inferred		6.4 City-SF ZIP		*****	
certify that	the information indicated on this a	mnua recort or supolemental ac	inual report is true and accur.	or the exemption stated in Section 119 ate and that my signature shall have the is report as required by Chapter 607, Fi	esamo logal offect as if a	nada undor