## 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 # H68632

IMPERIAL HOMES OF NAPLES, INC.

Principal Place of Business

Mailing Address

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90137 050 \*\*\*150.00



868 99TH AVEN		868 99TH AVENUE NO			1		
NAPLES FL 341	08	NAPLES FL 34108 US			DO NOT WRITE IN THE	S SPACE	•
		UV .			3. Date Incorporated or Qualifed		
					07/30/1985		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21 809 WALKERSICT RD 26 809 WALKER				KT N.	59-2569808		Not Applicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  27 SUITE 6					5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State					6. Election Campaign Financing Trust Fund Contribution	ng \$5.00 May Be Added to Fees	
Zip 24 34//	Country USA	Zip 3 4//0 30	Country	SA	This corporation owes the current year In Personal Property Tax.	ntangible Yes	□No
24 5 7//	9. Name and Address of Current			<u></u>	10. Name and Address of New Registered	d Agent	
			81	Name			
JENS	SEN, CLARK D.		-	0 - 1 1	(D.O. Day Mumbas is Not Assentable)		<del></del>
641 HICKORY RD				82 Street Address (P.O. Box Number is Not Acceptable)			
NAPI	LES FL 34108		83				
			64	Oit.		. 85 Zi	p Code
			84	City	F	L   65   21	h ooge
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	if Florida. Such change was alliho	nzed by	the corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing ointment as	its registered registered
		ons on, education con records, r remade	0,0.0.0				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regi	istered Age	nt signature required			
12.	OFFICERS ANI	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PT	☐ DELETE	1.1 TITLE	}		☐ Chang	ge
NAME	BERNIER, RAYMOND P.		1.2 NAME		•		
STREET ADDRESS	477 DEVILS LANE	j	1.3 STREE	T ADDRESS			
CITY-ST-ZIP	NAPLES FL 34103	<del></del> l	1.4 CITY-5	T-ZIP			
TITLE	VS	☐ DELETE 2.1 TI				Chang	ge
NAME	CHOLIN CENTRE		2.2 NAME				
STREET ADDRESS	641 HICKORY RD	1	2.3 STREE	TADDRESS			
CTTY-ST-ZIP	NAPLES FL 34108		2. 4 CITY-	ST-ZIP		· <del></del>	
TITLE		☐ DELETE	3.1 TITLE			Chang	e Addition
NAME	,	1	3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4, CITY-	ST-ZIP		ריין אריי	- FT #JJ#'
TITLE		☐ DÉLETE	4.1 TITLE			Chang	ge [] Addition
NAME		·	4. 2 NAME	1			
STREET ADDRESS				TADORESS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP		[]Chem	To Naddition
TRLE		☐ DELETE	5.1 TITLE	]		Chang	ge 🗌 Addition
NAME			5.2 NAME				
STREET ADDRESS		ł		T ADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP		[70]	
TILE _	Ì	☐ DELETE	6.1 TITLE	ļ		Chang	ge 🗌 Addition
NAME			6.2 NAME	ł	•		•
STREET ADDRESS	Mark to a rise of the			TADDRESS	•		
CITY-ST-ZIP.			6.4 CITY-5	ST-ZIP	<u></u>		

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: