

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
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90119 038 ***150.00

DOCUMENT # H76652

1. Corporation Name

1326 OCEAN AVENUE REALTY CORPORATION

Principal Place of Business

THE BARNETT CENTER
4501 TAMiami TRAIL N. #300
NAPLES FL 33940-3060
US

Mailing Address

THE BARNETT CENTER
4501 TAMiami TRAIL N. #300
NAPLES FL 33940-3060
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1985

4. FEI Number

59-2618234

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

21 C/O QUARLES & BRADY LLP

2a. Mailing Address

26 C/O QUARLES & BRADY LLP

Suite, Apt. #, etc.

22 4501 TAMiami TR. N., #300

Suite, Apt. #, etc.

27 4501 TAMiami TR. N. #300

City & State

23 NAPLES, FL

City & State

28 NAPLES, FL

Zip

Country

24 34103

25 US

Zip

Country

29 34103

30 US

9. Name and Address of Current Registered Agent

MCMACKIN, F. JOSEPH, III
THE BARNETT CENTER
4501 TAMiami TRAIL NORTH, SUITE 300
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

MCMACKIN, F. JOSEPH III

82 Street Address (P.O. Box Number is Not Acceptable)

C/O QUARLES & BRADY LLP

83

4501 TAMiami TRAIL N., SUITE 300

84 City

NAPLES

85 Zip Code

FL

34103

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 DVP ☒ DELETE
NAME DUNN, JOSEPHINE A.
STREET ADDRESS MOORINGS PARK-ORCHID TER
CITY-ST-ZIP NAPLES FL 33942

TITLE PD ☐ DELETE
NAME SPIRO, MARY ANN
STREET ADDRESS 128 VIA NAPOLI
CITY-ST-ZIP NAPLES FL 33999

TITLE DST ☐ DELETE
NAME MCMACKIN, F J
STREET ADDRESS 4501 TAMiami TRAIL N., #300
CITY-ST-ZIP NAPLES FL

TITLE D ☒ DELETE
NAME MCMACKIN, S. ELIZABETH
STREET ADDRESS 2616 TREASURE LANE
CITY-ST-ZIP NAPLES FL 33940

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

1.4 CITY-ST-ZIP

2.1 TITLE P/D ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE S/T ☒ 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 amendment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)