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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H91721

NAPLES	CAY PROPERTIES, INC.						
Principal Place	of Business	Mailing Address		#	1881 1181 BIBIL BI	81) 818)(4 18) (, 1991 1991 1991
800 LAUREL OA	AK DRIVE	800 LAUREL OAK DRIVE					
#204		#204		DO NOT WR	ITE IN THIS	SPACE	
NAPLES FL 33963 NAPLES FL 3396		NAPLES FL 33963		3. Date Incorporated or Qualifect		SFACE	
				12/24/1985			
2. Principal Pla	ace of Business	2a. Mailing Address	1 .7	4. FEI Number		<u> </u>	plied For
21		26 10 SRAGA	4 <u>K</u>	59-2660499			ot Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
City & State	, (City & State 28 NAPLES	FLA	Election Campaign Financing Trust Fund Contribution		\$5.00 Added	May Be to Fees
Zip	Country	Zip	Country	8. This corporation owes the cur	rent year Inte	angible	
24	25	29 34/03 3	o	Personal Property Tax.		Yes	□No·
	9. Name and Address of Currer			10. Name and Address of New	Registered A	Agent	
COLL	LINS, KYLE W.		81 Name	YLE W. COLLIN	يرر		
800 L	LAUREL OAK DRIVE		82 Street Addr	Ses (P.O. Box Number is No Negep EAGAHE DE	table)	<u>5-1</u>	
#204	LES FL 33963		83				
NAPL	LES FL 33903		84 CityNA	PLES	FL	85 Zip	4103
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	norized by the corporation and statutes.	on's board of directors. Thereby acce	spr the appoi	ntment as re	egistered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age	of Florida. Such change was autrations of, Section 607.0505, Florid ent and title if applicable. (NOTE: R	norized by the corporation a Statutes. egistered Agent signature require	on s poard of directors. I free eby according	DATE	unen as re	
office or reagent. I are SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN	of Florida. Such change was autrations of, Section 607.0505, Florid ent and title if applicable. (NOTE: R	norized by the corporational Statutes. egistered Agent signature requirements.	on's board of directors. Thereby acce	DATE	unen as re	
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office or reagent. I ar SIGNATURE 12. TITLE NAME	egistered agent, or both, in the State m familiar with, and accept the obligation of signature, typed or printed name of registered age OFFICERS AN PST COLLINS, KYLE W.	of Florida. Such change was autrations of, Section 607.0505, Florid ent and title if applicable. (NOTE: RND DIRECTORS	egistered Agent signature require 1.1 TITLE 1.2 NAME	on s poard of directors. I free eby according	DATE	D DIRECTO	ORS IN 12
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usify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with all the file. 14. I hereby certify that the information s indicated on this annual report or so afficer or director of the corporation Block 12 or Block 13 if changed, by with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

NAME OF SIGNING OFFICER OR DIRECTOR