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 # H98970

 Corporation 	on Name								
TGT OF	NAPLES, INC		•						
			•				A CARPONI ACEN PRIBA IRNIA CALCA ARRI DARIO ARRI ALBIA ALBIA BIRKI ALBIA ALBIA	1681	
· inff.									
Principal Plac	ce of Business	M	ailing Address				- I TAMANIYA MIYAN KANDA YANIYA KANIYA BADIYA BADIYA BADIYA BARIYA DALAKA BADIXA BADIXA BADIXA BADIXA BADIXA BADIXA		
219 COLONAD	• •		9 COLONADE CIRCLE						
NAPLES FL 34			PLES FL 34103			•			
THAT LEG I C 94							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed	}	
							02/12/1986	1	
2. Principal F	Place of Business	2a	. Mailing Address				4. FEI Number Applied F	or	
21		26	_				59-2651606 Not Applie	able	
Suite, Apt.	#. etc.		Suite, Apt. #, etc.				\$8.75 Addition	al	
22		27					5. Certificate of Status Desired Fee Required		
City & Sta	te		City & State				6. Election Campaign Financing 55.00 May B		
—		28	,				Trust Fund Contribution Added to Fees	_	
23 Zip	Country	201	Zip	Cour	ntrv		This corporation owes the current year Intangible		
- '	25 29 30			_	ood.iii y		Personal Property Tax.		
24 25 9. Name and Address of Current I							10. Name and Address of New Registered Agent		
	9. Name and Address of Current	· regis	stered Agent		81	Name	10. Hand and Addition of the Registree 1.55.11		
₽ΔS	SMUSSEN, WILLIAM F.		•	1	1				
219 COLONADE CIRCLE				Ī	82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
			•		83 (25) (27) (27) (28) (28) (28) (28) (28) (28) (28) (28			1547	
NAPLES FL 34103						"			
				ŀ	84	City	■■ 85 Zip Code	14.	
4.5. 4.000.0	er weens a	,			1	•	FL - -		
11. Pursuant	to the provisions of Sections 607.0502	and 6	07.1508, Florida Statutes	, the ab	ove-	named corpo	ration submits this statement for the purpose of changing its register's board of directors. I hereby accept the appointment as registered	red	
office or	registered agent, or both, in the State of am familiar with, and accept the obligati	of Flori ions of	da. Such change was auti i. Section 607.0505. Florid	horized Ia Statu	by ti	ne corporation	's board of directors. I hereby accept the appointment as registered	'	
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable. (NOTE: R	egistered /	Agent :	signature required	when reinstating) / DATE	-	
12.	OFFICERS ANI	DIR	CTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12	
TITLE	CP		☐ DELETE	1.5 TIT	LE		Change ☐ A	ddition	
NAME	RASMUSSEN, WILLIAM F.			1.2 NA	ME		a production of		
STREET ADDRESS	la caracia accidenta accidenta			13 ST	REET A	ADDRESS	•	1	
	NAPLES FL 34103	•	,	1.4 CIT					
CITY-ST-ZIP	S		[] DELETE	2.1 TIT		ZIP	☐ Change ☐ A	ddition	
TITLE				2.1 (TILE 2.2 NAME					
NAME	RASMUSSEN, LOIS A.			2.2 NA					
STREET ADDRESS	ALC COLONADE CIDOLE			4					
CITY-ST-ZIP				2.3 STF					
	219 COLONADE CIRCLE NAPLES FL 34103			2. 4 CII	TY-ST-			14900	
TITLE 19 A C	NAPLES FL 34103		☐ DELETE		TY-ST-		☐ Change ☐ A	ddition	
	NAPLES FL 34103		☐ DELETE	2. 4 CII	TY-ST- LE		☐ Change ☐ A	ddition	
TITLE NAME STREET ADDRESS	NAPLES FL 34103		☐ DELETE	2. 4 CII 3.1 TIII 3.2 NAI	TY-ST- LE ME		☐ Change ☐ A	ddition	
TITLE NAME (1)	NAPLES FL 34103		DELETE	2. 4 CII 3.1 TIII 3.2 NAI	TY-ST- LE ME REET#	-ZIP -ADDRESS	☐ Change ☐ A	ddition	
NAME STREET ADDRESS	NAPLES FL 34103		DELETE DELETE	2. 4 CM 3.1 THT 3.2 NAI 3.3 STE	TY-ST- LE ME REET A	-ZIP -ADDRESS	Change □ A	100 mm	
TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	NAPLES FL 34103			2. 4 CIT 3.1 TITI 3.2 NAI 3.3 STE 3.4. CIT	TY-ST- LE ME REET A TY-ST- LE	-ZIP -ADDRESS		100 mm	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	NAPLES FL 34103			2.4 Cff 3.1 TTT 3.2 NAI 3.3 STF 3.4. Cff 4.1 TTT 4.2 NA	TY-ST- LE ME REET A TY-ST- LE	-ZIP ADDRESS -ZIP		100 mm	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAPLES FL 34103			2.4 CM 3.1 TIII 3.2 NAI 3.3 STR 3.4 CM 4.1 TIII 4.2 NAI 4.3 STR	TY-ST- LE ME REET A TY-ST- LE VME REET A	-ZIP -ADDRESS -ZIP -ADDRESS		100 mm	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	NAPLES FL 34103			2.4 Cff 3.1 TTT 3.2 NAI 3.3 STF 3.4. Cff 4.1 TTT 4.2 NA	TY-ST- LE ME REET A TY-ST- LE ME REET A	-ZIP -ADDRESS -ZIP -ADDRESS	The state of the	100 mm	

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 propert 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 divisive 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

STREET ADDRESS

STREET ADDRES

CITY-ST-ZIP

TITLE

NAME

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90039 045 ***158.75

941-434-8640

Change

Addition