FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998

FILED May 01 1998 8:00am Secretary of State

1. Corporation	Name FIDLER, I	0010	16 (8)					
Principal Plans	e of Busines		Mailing Addre	988			{		
10661 AIRPORT PULLING RD 10661 AIRPORT PULLING SUITE 9 SUITE 9					10				
NAPLES FL 34109				NAPLES FL 34109			DO NOT WRITE IN THIS SPACE		
U\$			US				3. Date Incorporated or Qualified		
2. Principal Place of Business 2a. Mailing Address							03/14/1986 4. FEI Number		Applied For
21	INCH OF DUSI	1055	} ₁	26			59-2649725	<u>-</u>	Not Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.				□ \$8.1	75 Additional
22	27				Certificate of Status Desired	□ Fe	e Required		
City & State City & State							6. Election Campaign Financing	\$5	.00 May Be
23			28				Trust Fund Contribution		ded to Fees
	Zip Country		Zip		Country		8. This corporation owes or has pa		ar Intangible No
24	4 25 25 Name and Address of Currer		29		30		Personal Property Tax due June 10. Name and Address of New Re		
50			allelit ueAlstelen wani		81	Name	IV. Hallo allo Addiose Of Non In	gistorou rigotti	
	SS, JERRY								
10661 AIRPORT PULLING RD. SUITE 9					82	Street Add	ress (P.O. Box Number is Not Acceptal	ole)	
NAPLES FL 34109					83				
					84	Other		loc	Zip Code
						City		FL	·
office or r agent. I a SIGNATURE	m familiar w	ith, and accept the o	obligations of, Section 60	07.0505, Florid	da Statutes	S.	poration submits this statement for the particular to the particular to the point's board of directors. I hereby acceleration	pt the appointmen	nt as registered
12.	Signature, Typiec		ed agent and title if applicable SIAND DIRECTORS	(NOTE: H	13.	ant signatore requ	ADDITIONS/CHANGES TO OFFI		CTORS IN 12
TITLE	PD	en rioe in		DELETE	1.1 TITLE			☐ Cha	
NAME ROSS, JERRY A.					1.2 NAME				
STREET ADDRESS			RD N., SUITE #9	SUITE #9 1.3 STREET ADDRESS					
CITY+ST-ZIP		FL 34109	. ,	1.4 CITY-ST-ZIP		T-ZIP			
TITLE	STD			DELETE	2.1 TITLE			☐ Cha	ange 🔲 Addition
NAME	ROSS, DOROTHY B.				2.2 NAME				
STREET ADDRESS	rd. N, suite #9		2.3 STREET	ADDRESS					
CITY-ST-ZIP		FL 34109			2. 4 CITY - S	S1-ZIP			Eddition
TITLE	VD	F14F1 1/01 4	L	DELETE	3.1 TITLE		••	L Cha	ange
NAME		EVELYN L.	DD N CHITC 40		3.2 NAME	ADDRESS			
STREET ADDRESS 10661 AIRPORT PULLING RD. N., SUITE #9 CITY-ST-ZIP NAPLES FL 34109					3.3 STREET				
CITY-ST-ZIP TITLE	POPLES	FL 34109	·	DELETE	3.4. CITY-5 4.1 TITLE	01-4IF		Cha	ange Addition
NAME			لسا		4. 2 NAME				
STREET ADDRESS					4.3 STREET	ADDRESS			
CITY-ST-ZIP					4.4 CITY - S				
TITLE				DELETE	5.1 TITLE			Cha	ange Addition
NAME					5.2 NAME				
STREET ADDRESS					5.3 STREET	ADDRESS			
CITY-ST-ZIP					5.4 CITY - S	I - ZIP			
TITLE				DELETE	6.1 TITLE			☐ Cha	ange Addition
NAME					6.2 NAMÉ				
STREET ADDRESS					6.3 STREET	ADDRESS			
CITY-ST-ZIP	1				6.4 CITY - S	T-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 trusted 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 attachmony with an address.