May 06, 1999 8:00 am Secretary of State

05-06-1999 90258 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J21139

1. Corporation Name										
REGAL ENTERPRISES OF NAPLES, INC.									##################################	
Principal Place of Busines		Mailing Address								
•	33	· ·								
5385 YAHL STREET NAPLES FL 33942		3197 54TH LN SW NAPLES FL 34116			}					
MAPLES PL 33342		MAPLES IL 04110				ļ	DO NOT W	RITE IN THIS	SPACE	
						3.	Date Incorporated or Qualif	ed		
						-	06/25/1986			,
2. Principal Place of Bus	iness	2a. Mailing Address			4.	FEI Number		Apr	olied For	
	Blud	26				59-2767603		Not	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_ _			\$8.75 A	dditional	
22 Unit 2		27			5.	5. Certificate of Status Desired Fee Required				
City & State		City & State			6.	Election Campaign Financin	ng []	\$5.00	May Be	
23 Maroles F	=lan	28				-	Trust Fund Contribution	·	Added to	Fees
Zip	Country	Zip	Cour	ntry		8.	This corporation owes the o	urrent year Int	angible	
24 34109	25 Callice	29	30			-	Personal Property Tax		Yes	□No
	e and Address of Current I	Registered Agent				10.	Name and Address of Ne	w Registered	Agent	
				81	Name					
ramberg, terry				82	Street A	droce /E	P.O. Box Number is Not Acce	antable)		
3197 54TH LANE SW				٥2	Street At	Juless (F	-,U. DOX HUILIBEL IS HUI ACCE	splable		
NAPLES FL 33999				83			· · · · · · · · · · · · · · · · · · ·			
			ļ		ļ. <u>.</u>					
				84	City			FL	85 Zip C	ode
office or registered a	sions of Sections 607.0502 agent, or both, in the State of with, and accept the obligation	Florida, Such change was a	authorized	by	the corpora	orporation ation's bo	n submits this statement for oard of directors. I hereby ac	the purpose of cept the appoi	changing its ntment as reg	registered gistered
}	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
SIGNATURE Signature, type	d or printed name of registered agent a	nd title if applicable. (NOTI	E: Registered /	Agen	nt signature req			DATE		
12.	OFFICERS AND	DIRECTORS	13.				ADDITIONS/CHANGES TO	OFFICERS AN		
TITLE P		☐ DELETE	1.1 TIT	LE					[] Change	☐ Addition
NAME RAMBER	rg, Terry		1.2 NA	ME						Ì
	TH LANE SW		1.3 STF	REET	TADDRESS					
CITY-ST-ZIP NAPLES	FL		1.4 CIT	Y-S1	T- ZIP					
TITLE			2.1 TITI	2.1 TITLE					Change	☐ Addition
NAME			2.2 NAI	ME						
STREET ADDRESS			2.3 STF	REET	TADDRESS					
CITY-ST-ZIP			2. 4 Cfl	TY-S	iT-ZIP					
TITLE	☐ DELETE 3.11		3.1 TITI	3.1 TITLE				-	Change	☐ Addition
NAME .			3.2 NAJ	ME	1					
STREET ADDRESS			3.3 STF	REET	T ADDRESS					
CITY-ST-ZIP			3.4. CIT	TY-S	T-ZIP					
TITLE		☐ DELETE	4.1 T/TI						Change	Addition
NAME			4. 2 NA	ME	}					
STREET ADDRESS			4.3 STE	REET	T ADDRESS					

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 attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

☐ DELETE

941-566-3643

Change

Change

Addition

☐ Addition