## 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

UE S #

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90045 038 \*\*\*150.00

DOCL	JMEN <sup>-</sup>	Τ#.	139	709

Corporation Name

Principal Place of Business	Mailing Address 800 FIFTH AVENUE S NAPLES FL 33940-3627 US			
900 FIFTH AVENUE S #200 NAPLES FL 34102 US				
2. Principal Place of Business	2a	. Mailing Address		
21	26			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
22	27			
City & State		City & State		
23	28			
Zip Country		Zip		
24 25	29			
9. Name and Address of C	urrent Regi	stered Agent		

3. Date Incorporated or Qualifed

5. Certificate of Status Desired 🚓 🖪

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

6. Election Campaign Financing

Trust Fund Contribution

Personal Property Tax.

10/21/1986 4. FEI Number

59-2733534

if twenty

DO NOT	WRITE	IN THIS	SPACE

Applied For

\$8.75 Additional

'Fee Required' \$5.00 May Be

Added to Fees

□No

Not Applicable

WARD, JANICE M. 800 FIFTH AVENUE S #200 NAPLES FL 34102		81	Nam	100				
		82	Street Address (P.O. Box Number is Not Acceptable)					
			83					
			84	City			85 Zip (	Code
						FL		
office or re	to the provisions of Sections 607.0502 agistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was autho	rizea ov	tne co	ed corporation submits this statemer reporation's board of directors. I here	nt for the purpose of by accept the appoi	changing its	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE: Regis	stered Agen	t sionati	re required when reinstating)	DATE		<del> </del>
12.	OFFICERS AND		13.		ADDITIONS/CHANGES	TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	DPAT		1.1 TITLE			.,	Change	☐ Addition
NAME	WARD, WILLIAM J.		1.2 NAME					ļ
STREET ADDRESS	800 FIFTH AVENUE S #200		1.3 STREET	T ADDRE	ss		•	
CITY-ST-ZIP	NAPLES FL 34102		1.4 CITY-S	T-ZIP				
TITLE	DVS	☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME	WARD, JANICE M.		2.2 NAME					
STREET ADDRESS	800 FIFTH AVENUE S #200		2.3 STREET	T ADDRE	ss			Ì
CITY-ST-ZIP	NAPLES FL 34102		2. 4 CITY-S	T-ZIP		<u> </u>		
TITLE	DCT	☐ DELETE	3.1 TITLE				Change	Addition
NAME	MCBRIDE, CLYDE		3.2 NAME					ı
STREET ADDRESS	1333 OCEAN AVE.		3.3 STREET	TADORE	ss			
CITY-ST-ZIP	MANTOLOKING NJ		3.4. CITY-S	T-ZIP		·		- Addition
TITLE	DVAS	☐ DELETE	4.1 TITLE				Change	Addition
NAME	MCBRIDE, LORRAINE		4. 2 NAME					
STREET ADDRESS	1333 OCEAN AVE.		4 3 STREET	T ADDRE	ss			
CITY-ST-ZIP	MANTOLOKING NJ		4 4 CITY-S	T- ZIP			Change	Addition
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS		ļ	53 STREET		SS			
CITY-ST-ZIP			5.4 C/TY-S	T-ZIP			Chanca	Addition
TITLE		☐ DELETE	61 TITLE				☐ Change	☐ ¥¢¢illoti
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	TADORE	SS			

Country

30

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: WILLIAM J. WARD

2/26/99

941/263-7000