## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 10 1998 8:00am Secretary of State

1	MENT # KO9321 LEE COUNTY, INC.	(6)			H BYBYL BYBYL BYBYL BYBYL HABY
Principal Plac	a of Business	Mailing Address			# #1644 BH411 61011 B1011 1001
•				į	
3033 RIVIERA DR STE. 201		3033 RIVIERA DR STE 201			
NAPLES FL 34103		NAPLES FL 39940- 34103		DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualified	
9 Principal F	lace of Business	2s. Mailing Address		12/29/1987 4, FEI Number	Applied For
21	idea of pasificas	26		65-0016436	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	[26]		30		Yes No
	9. Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Registered	Аделт
	DD, DAVID G.				
3033 RIVIERA DR			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
STE 201			83		
) NA	PLES FL 34103				
			84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statule	es, the above-named cor	poration submits this statement for the purpose of	of changing its registered
office or i	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida, Such change was a ions of Section 607,0505. Flo	iuthorized by the corpora irida Statutes.	tion's board of directors. I hereby accept the app	pointment as registered
SIGNATURE					
SIGNATURE	Signature, typed or printed name of registered agent		Registered Agent signature requ		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	STD	DELFTE	1.1 TITLE		Change Addition
NAME	RUBIN, HARRY		1.2 NAME		
STREET ADDRESS	3033 RIVIERA DR., STE. 201		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	NAPLES FL PD	DELETE	1.4 CHY-ST-ZIP 2.1 TITLE		Change Addition
NAME	RUBIN, ALEX	<u> </u>	2.2 NAME		End outside First Accused
STREET ADDRESS	3033 RIVIERA DR., STE. 201		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2 4 CITY-ST-ZIP		
TITLE	V	DELETE	31 TITLE		Change Addition
NAME	RUBIN, BENJAMIN	<del>_</del>	3.2 NAME		-
STREET ADDRESS	3033 RIVIERA DR., STE 201		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		3.4. CITY-ST-ZIP		
TITLE	#8-	X DELETE	4.1 TITLE		Change Addition
NAME	<b>₹UOĐARO; SHAR</b> ON M.		4. 2 NAME		
STREET ADDRESS	<b>6088 PAVIERA-DR.=87E.=20</b> 1=		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLEO-FL		4.4 CITY-ST-ZIP		
TITLE	VAS	☐ DELETE	5.1 TITLE		Change Addition
NAME	RUBIN, LINDA		5.2 NAME		ļ
STREET ADDRESS	3033 RIVIERA DR., STE. 201		5 3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	T Server	5.4 CITY+ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		Change Addition
NAMÉ	BUDD, DAVID G.		6.2 NAMÉ		
STREET ADDRESS	3033 RIVIERA DR., STE. 201		6.3 STREET ADDRESS		

14. Thereby 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 eath; 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

**SIGNATURE:** 

David G. Budd,

(941) 263-7700