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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

1. Corporatio	PRICIAL REALTY OF S.W. FLO	(6) Drida, Inc.			\$ 1000010 GLE 11540 1611 GLESS	nda idri Bidil Dida	ı Albii Gibs Albi	1 OLDII JAA
Debada at Diag	40	A - III						
Principal Place of Business 27 2150 GOODLETTE RD STE 700 NAPLES FL 33940		Mailing Address				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		% Bruce R. Fluegeman 2150 goodlette RD STE 700 Naples Fl 33940		DO NOT WRITE IN THIS SPACE				
US		US			3. Date Incorporated or Qual	ified		
2. Principal P	lace of Business	2a. Mailing Address			05/06/1988 4. FEI Number			plied For
21 39	56 TAMIANITAN	26 SAME			65-0046003		⊢	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desire	od 🗆	\$8.75 /	
City & State		City & State					Fee Re	
23 ///	and the second s	28			6. Election Campaign Financ Trust Fund Contribution	ing 🖂	\$5.00 Added t	
Žip	Country	Zip	Countr	у	B. This corporation owes or h	as paid the cu		
24 34/0		29	30	<u> </u>	Personal Property Tax due	• •		No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of Ne			
FLUEGEMAN, BRUCE R. 2150 GOODLETTE RD.				BRUCE A FLUEGE/MAN				
STE 700			82	Street Addr	ress (P.O. Box Number is Not Acc	eptable)	N	
	PLES FL 33940		83					
			84	City	10000		85 Zip (Code
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508. Florida Statut	es the abov		Operation submits this statement for	the purpose o	f changing it	s registered
office or r	egistered agent, or both, in the State of m tappility with, and accept the objigation	Florida, Such change was a	authorized b	v the corporal	tion's board of directors. I hereby	accept the app	ointment as	registered
SIGNATURE		gen-	onda otatut	λ.		4-7	8-9	8
	Signature, typed or purited name of reguleted agent			gent signature requi	red when reinstaling)			
12.	OFFICERS AND I	DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTOR Change	S IN 12
TITLE NAME	DP Fluegeman, R.	L.J DELETE	1.1 TITLE 1.2 NAME					L ADDITION
STREET ADDRESS	2755 SW 66 ST.	_		T ADDRESS				
CITY-ST-ZIP	NAPLES FL 3	4105	1.4 CITY-	·				
TITLE	THA DEALE	DELETE	2.1 TITLE	V) 2"			Change	Addition
NAME	2.21		2.2 NAME					
STREET ADDRESS			2.3 STREE	T ADDRESS				
CITY-ST-ZIP			2 4 CITY	ST-ZIP				
TITLE		☐ DELETE	31 TITLE				☐ Change	Addition
NAME			. 32 NAME	1				
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		DELETE	3.4 CITY-	ST-ZIP			Channa	Addition
TITLE NAME		CT OCCUR	4.1 TITLE 4. 2 NAM	.			L Change	
STREET ADDRESS				T ADDRESS				}
CITY-ST-ZIP			4.3 SINCE					
TITLE		DELETE	5.1 TITLE	9. III			Change	☐ Addition
NAME			5.2 NAME]			•	
STREET ADDRESS			i i	1 ADDRESS				
CITY-ST-ZIP	[<u></u>		5.4 CITY	ļ				
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			63 STREE	T ADDRESS				
CITY-ST-ZIP			64 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 of 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 chapter 607, or on an attachment any address.

4-28-98

941-434-7667

FILED

May 19 1998 8:00am

Secretary of State