PROFIT CORPORATION ANNUAL REPORT

1999

EXIT 17. CORPORATION

1. Corporation Name

DOCUMENT # K47508



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 24, 1999 8:00 am **Secretary of State**

03-24-1999 90096 044 ***150.00

Mailing Address Principal Place of Business 4500 EXECUTIVE DRIVE 4500 EXECUTIVE DRIVE STE 300 **STE 300** DO NOT WRITE IN THIS SPACE NAPLES FL 34119 NAPLES FL 34119 3. Date incorporated or Qualifed 11/21/1988 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Not Applicable 65-0100853 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation owes the current year Intangible Zip □No ☐ Yes Personal Property Tax. 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KELLY, JANET 82 ddress (P.O. Box Number is Not Acceptable) 4500 EXECUTIVE DRIVE L 100 SUITE 300 83 NAPLES FL 34119 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, proof, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. $\sqrt{20}$ SIGNATURÉ nature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13 Change ☐ Addition DELETE 1.1 TITLE TITLE 1.2 NAME NAME KELLY, JANET 4500 EXECUTIVE DRIVE 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE TITLE 2.1 TITLE BURGESON, RICHARD 2.2 NAME NAME 4500 EXECUTIVE DR STE 300 2.3 STREET ADDRESS STREET ADDRESS NAPLES FL CITY-ST-ZJF 2. 4 CITY-ST-ZIP Change DELETE ☐ Addition 3.1 TITLE TITLE HARDY, ROBERT S. 3.2 NAME NAME 4500 EXECUTIVE DR STE 300 3.3 STREET ADDRESS STREET ADDRESS NAPLES FL 34119 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE COLSON, KARIN 4. 2 NAME NAME 4500 EXECUTIVE DR STE 300 4.3 STREET ADDRESS STREET ADDRESS NAPLES FL 34119 CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Addition DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET 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.

6.4 CITY-ST-ZIP

CR2E034 (11/98)