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

Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

May 06 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State **19**98 DIVISION OF CORPORATIONS DOCUMENT # K62794 (8)CUSSANE ENTERPRISES, INC. Principal Place of Business Mailing Address 2035 MINTH ST N. 2035 NINTH ST N. NAPLES FL 34102 NAPLES FL 3394Q DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/27/1989 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 65-0093270 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PATTERSON, SUZANNE 2035 NINTH ST N. 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33940 83 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, or both, 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. 4-24-98 SIGNATURE (NO10 Registered Agent signature required when reinstating) id agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE PD PATTERSON, SUZANNE NAME 1.2 NAME STREET ADDRESS 2110 OAKS BLVD 1.3 STREET ADDRESS CITY-ST-ZIP **NAPLES FL** 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITL€ **VTD** NAME PATTERSON, DAVID G. 2.2 NAME 2110 OAKS BLVD STREET ADORESS 2.3 STREET ADDRESS <u>naples fl</u> CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE 3.1 TITLE TITLE NAME SUTHERBY, MARGARET M. 3.2 NAME 2436 ORCHID BAY DR #102 STREET ADDRESS 3.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 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 Plock 13 of Plock 13 if shaped or an article place.

FILED

941-262-1140

4:25-98