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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 06, 1999 8:00am Secretary of State

02-06-1999 90016 033 ***150.00

DOCUMENT # K97354 1. Corporation Name

BBM NAPLES, INC.

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Principal Plac	e of Business	Mailing Ad	Idress			((Reletti elle (Rill insentition	81471 BIBI BIBII BIBIF BIB:	
2102 ALAMANI NAPLES FL 34 US		2102 ALAM/ NAPLES FL US	Anda drive #.C . 34102	;		DO NOT WE	RITE IN THIS SPAC	
03						3. Date Incorporated or Qualifect	·	
			:			06/22/1989		
⊢ '	Place of Business	2a. Mailing	Address			4. FEI Number		Applied For
21	· · · · · · · · · · · · · · · · · · ·	26				65-0130842		Not Applicable
Suite, Apt.	#, etc.	Suite, A	Apt. #, etc.			5. Certifcate of Status Desired	1 1	.75 Additional
City & Sta	te	City & :	State			Election Campaign Financing Trust Fund Contribution		5.00 May Be
Zip	Country	Zip		Country		8. This corporation owes the cu	· · · · · · · · · · · · · · · · · · ·	
24	25	29		30		Personal Property Tax.	Y€	es XINo
	9. Name and Address of Current	t Registered A	gent			10. Name and Address of New	Registered Agent	
				81	Name			
STS 2375	NCOEUR, FRANK M. JR. 5 TAMIAMI TRAIL NORTH			82	Street Ac	ddress (P.O. Box Number is Not Accep	table)	
SUIT	TE 308			83	 		海蘇遊湖鄉	
NAP	LES FL 34102	•		84	City		85	Zip Code
مرية ومعارية	· . ·		a de la companya de l				<u> </u>	,
11. Pursuant office or i	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	2 and 607.1508, of Florida: Such ions of, Section	i, Flonda Statutes i change was aut i 607.0505, Florid	s, the above thorized by da Statutes	e-named co the corpora	orporation submits this statement for the ation's board of directors. I hereby according	e purpose of chang ept the appointmen	ing its registered t as registered
SIGNATURE		-						
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable). (NOTE: R		nt signature requ	ulred when reinstating)	DATE	
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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 supplier part 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 certific part is true and accurate and that my name appears in Block 12 or Block 13 if changed, or mattaching in with an address, with 3 other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1R/30 (98 307-733-3150)
Date Daytime Phone #