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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

FILED Feb 19 1998 8:00am Secretary of State

NAITHLORIENDUN, INC.										4 400/07/1 010 101/0 40/10 (0/11/ 0/0/0 4	EL BIBLI BUDI	E MIBIL MINIL AL	E()
Principal Place of Business Mailing Address										0 19919111 DIO FDILO 18118 CONIL BIBDI 11)
% ROBERT H	ROBERT H. GORE, PI												
P.O. BOX 10053 NAPLES FL 33941				P.O. BOX 10053 NAPLES FL 33941					DO NOT WRITE IN THIS SPACE				
								İ	3.	Date Incorporated or Qualified			
										07/03/1989			
2. Principal Place of Business				2a. Mailing Address					4.	FEI Number			pplied For
Suite, Apt. #, etc.				Suite. Apt. #. etc.						65-0145996	· · · · · -		lot Applicable Additional
22]				27					5.	Certificate of Status Desired			Additional leguired
City & State				City & State					6.	Election Campaign Financing			May Be
23				28						Trust Fund Contribution			to Fees
Zip		Country	\vdash	Zip	L Co	untry	•		8.	This corporation owes or has pa	id the cur	rent year Ir	ntangible
24	A Name	25	29	tarad Amant	30	Τ.				Personal Property Tax due June			No
		and Address of Current	Kegis	tered Agent		81	Name		10.	Name and Address of New Re	gistered	Agent	
GORE, PAUL A							INAITIO						
SUITE 528						82	Street Address (P.O. Box Number Is Not Acceptable)				ole)		
800 W CYPRESS CREEK RD Ft Lauderdale Fl 33309													
r (LAUUEAU	ALE FE 33308				63							
						84	City				FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered age 1, or 10 h, if the State of Florida. Such change was autil agent. I am familia with, in a section obligations of, Section 607.0505, Florida.							-named	corpora	ation	submits this statement for the p		changing	its registered
agent. I ar	egisjereo ag m lan ilia y	gent, of contribution state of ith, in accomplishe obligat	ir Floric	ia. Such change was a , Section 607.0505, Flo	the corp ;	poration	n's be	oard of directors. I hereby accep	ot the app	ointment as	s registered		
SIGNATURE	为决									(2/KOX9	8_		
	Signature, typed	or printed number of registered agent				d Age	nt signatura	required v		<u>*</u>	DATE		
12.	Ď	OFFICERS AND	DIREC	DELETE	13.	(T) E		Τ	A	ADDITIONS/CHANGES TO OFFIC	ERS AND	☐ Change	RS IN 12 Addition
NAME	GORE, ROBERT H., PH.D.						1.1 TITLE 1.2 NAME					Change	L. Audillon
STREET ADDRESS							1.3 STREET ADDRESS						
CITY-ST-ZIP	NAPLES FL						1.4 CITY+ST-ZIP						
TITLE	D			☐ DELETE	2.1 T							Change	Addition
NAME	GORE, PAUL A.			2.2			2.2 NAME						
STREET ADDRESS		CYPRESS CRK RD#528	}	2.3 \$			STREET ADDRESS						
CITY-ST-ZIP		DERDALE FL				2. 4 CITY-ST-ZIP							
TITLE	D Webba A	ND 144DA		☐ DELETE	3.1 TI							☐ Change	Addition
NAME	WEINLAND, LINDA 4382 38TH AVE., SE			3.2 N									
STREET ADDRESS CITY-ST-ZIP	NALPES						ADDRESS	Ì					
TITLE	D			DELETÉ	4.1 TI	ITY-S TLE	1~2117					Change	Addition
NAME		ROBERT STEPHEN			4.2 N			[
STREET ADDRESS		ANIA BEACH BLVD.					ADDRESS						
CITY-ST-ZIP	DANIA F	i			4.4 C	ITY-S1	- ZiP						
TITLE	D			☐ DELETE	5.1][Change	Addition
NAME		DANIEL GEOFFRE			5.2 N	AME							
STREET ADDRESS		AMDEN AVENUE			5.3 \$1	TAEET A	address						j
CITY-ST-ZIP	COCOA	<u>FL</u>		no ma		TY-ST	- ZIP				***		
TITLE				☐ DELETE	6.1 TI							L Change	☐ Addition
NAME ATORET ADOREGO					6.2 N/								
STREET ADDRESS						6.3 STREET ADDRESS 6.4 CITY-ST-ZIP							i
CITY-ST-ZIP			41-1- 61		6.4 CI	IY-ST	- ZIP	L					

to to the second that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in I hereby certify that the information supplied with this minuta-indicated on this annual report or supplemental annual sep-officer or director of the corporation or the seceiver or tusted Block 12 or Block 13 if changed, or on an attact ment with