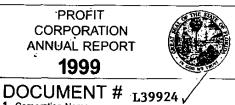
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

SDK OF NAPLES, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

(0)

May 17, 1999 8:00 am Secretary of State

05-17-1999 90065 004 ***150.00



| Principal Place of Business Mailing Address | | | | | | | |
|---|---|-------|---|---------|----------|----------------|--|
| 2HCAGO (1. 60603 SL 15 CF | | | 225 WEST WACKER DRIVE SUITE 2800 CHICAGO IL 60806 | | | | |
| | | | | | | | DO NOT WRITE IN THIS SPACE |
| | | U | 5 | | | | 3. Date Incorporated or Qualifed 12/29/1989 |
| Principal Place of Business | | | 2a. Mailing Address | | | | 4. FEI Number Applied For |
| | | | <u></u> | | | | 65-0220926 V Not Applicable |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired \$8.75 Additional |
| City & State | | | 7] | | | | Fee Required |
| l. | | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be |
| Zip Country | | | Zip Country | | | | Trust Fund Contribution Added to Fees |
| .) | 25 | 29 | · · | 30 | | | 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No |
| · · | 9. Name and Address of Current | _ | | 30 | \top | | 10. Name and Address of New Registered Agent |
| | | | | | 81 | Name | |
| | CORPORATION SYSTEM | | | | - | <u> </u> | AND COOPERATE OF THE CO |
| 1200 SOUTH PINE ISLAND ROAD | | | | | 82 | Street | eet Address (P.O. Box Number is Not Acceptable) |
| PLA | NTATION FL 33324 | | | | 83 | <u> </u> | |
| | | | | | 94 | 0.1 | |
| | | | | | 84 | City | FL 85 Zip Code |
| Office of I | t to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation | Flori | da. Such change was au | ıthoriz | ed by | the corpo | ned corporation submits this statement for the purpose of changing its registered or |
| SIGNATURE | · | | | | | • | |
| | Signature, typed or printed name of registered agent a | | | Registe | red Ager | it signature r | ure required when reinstating) DATE |
| 12 | OFFICERS AND | DIR | | 1: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TLE | PD MADOUAL | | ☐ DELETË | 1 | TITLE | | . Change Addition |
| AME | LEES, MARSHAL | | | | NAME | ļ | |
| TREET ADDRESS | | | | | | ADDRESS | ESS |
| ity-st- <i>z</i> ip Itle | CHICAGO IL 60603 | | ☐ DELETE | | CITY-ST | T-ZIP | Change Addition |
| AME | ROHNER, RANDALL | | - Occert | | TITLE | | Change Addition |
| TREET ADDRESS | | | | | NAME | | |
| TY-ST-ZIP | CHICAGO IL 60603 | | | ı | | ADDRESS | SSS |
| TLE | V | | ☐ DELETE | _ | CITY-S | i-ZIP | ☐ Change ☐ Addition |
| | ROGALLA; WILLIAM | | | 1 | NAME | | |
| T ACCINESS | 1 | | | 1 | | ADDRESS | SS |
| ST-ZIP | CHICAHO IL 60603 | | | ľ | CITY-S | í | |
| TLE | AS | _ | ☐ DELETE | _ | TITLE | - | ☐ Change ☐ Addition |
| | FRITTS, PETER | | | 4. 2 | NAME | | |
| ! <u>ALEMES</u> S | 225 W WACKER DRIVE | | | 4.3 | STREET | ADDRESS | ss |
| ST-ZIP | CHICAGO IL 60606 | | | 4.4 | CITY-ST | -ZIP | |
| | | | ☐ DELETE | | πп.Е | | ☐ Change ☐ Addition |
| | | | | | NAME | | |
| I ADDRESS. | | | | 1 | | ADORESS | ss (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| ST-ZIP | | | | | CITY-ST | ·ZIP | |
| - | | | [] DELETE | 1 | TITLE | | Change Addition |
| - | | | | 6.2 | NAME | | |
| | | | | | | | |

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 employered 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

- NATURE:

4-27-99

Daytime Phone #