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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L65285

(3)

PROCACCI REAL ESTATE, INC.

FILED Mar 12 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 11983 TAMIAMI TRAIL 6017 PINE RIDGE RD **SUITE #152** STE 221 DO NOT WRITE IN THIS SPACE NAPLES FL 34110 NAPLES FL 34119 3. Date Incorporated or Qualified 04/11/1990 2a, Mailing Address cipal Place of Business 4. FEI Number Applied For 809 Walkerbilt Not Applicable 65-0193753 26 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 USA 29 9. Name and Address of Current Registered Agent 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 81 Name PROCACCI, ROSEANN 6017 PINE RIDGE RD 82 Street Address (P.O. Box Number is Not Acceptable) STE 221 83 NAPLES FL 33999 84 City 85 Zip Code 11. Pursuant to the provisions of Soctions 607 0902 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered eigent, or both, in the Sylic of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am lamp a path, and accept the appointment as registered agent. I am lamp a path, and accept the appointment as registered agent. I am lamp a path accept the (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE Change Addition TITLE 117ITLE PROCACCI, ROSEANN NAME 1.2 NAME CRZEG94 299 MONTEREY DR STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 1.4 CiTY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREE1 ADDRESS

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 ennual report or supplied rotate 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 Vic receiver or trustee empowers 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 attractment with an address?

6.4 CITY-ST-ZIP

SIGNATURE:

CITY - ST - ZIP

941-592-9398