PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L85070

Country

9. Name and Address of Current Registered Agent

1. Corporation Name

Suite, Apt. #, etc.

City & State

3410

23 Zip

CALI & ASSOCIATES, INC.

Orall at Productives, into				
Principal Place of Business	Mailing Address			
P.O. BOX 7213 NAPLES FL 33941	P.O. BOX 7213 NAPLES FL 33941			
Principal Place of Business	2a. Mailing Address	<u> </u>		

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Ζip

Suite, Apt. #, etc.

-City & State ---

34101

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90149 001 ***158.75



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 Mãy Be⁻

Added to Fees

Not Applicable

3. Date incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

Personal Property Tax.

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

06/29/1990 4. FEI Number

65-0211006

5820 22ND AVE SW			Joseph Cali				
		82 Street	Address (P.O. Box Number is Not Acceptable)				
NAPLES FL 33941		⁸³ 59	28 Cranmon way & Daos				
	•		84 City _	85 Zin Code			
			" C	1001es FL 3412			
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.							
// 0= 00							
SIGNATURE Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☐ DELETE	1.1 TITLE	Change Addition			
NAME	CALI, JOSEPH		1.2 NAME	Joseph Cali			
STREET ADDRESS	5820 22ND AVE SW		1.3 STREET ADDRESS	5928 Cranbrook way # D 205			
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	naples FC 34112			
TITLE	VPD	DELETE	2.1 TITLE	VP/D D Addition			
NAME .	MCGINNIS, ROBERT A.		2.2 NAME	Robert A. Mclinnis Roset Dr #15			
STREET ADDRESS	5960 22ND AVE. S.W.		2.3 STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL		2. 4 CITY-ST-ZIP	Mades Fl 34114			
TITLE -	VPD	☐ DELETE	3.1 TITLE	V ?)' D			
NAME	ANDREWS, WARREN		3.2 NAME	Warren Andrews			
STREET ADDRESS	5931 22ND AVE. S.W.		3.3 STREET ADDRESS	3510 5th Ave 500			
CITY-ST-ZIP	NAPLES FL		3.4. CITY-ST-ZIP	Maples FC 34119			
TITLE	SD	☐ DELETE	4.1 TITLE	S Defiange Addition			
NAME	MCGINNIS, NANCY A.		4. 2 NAME	Mancy A. Mybinnis			
STREET ADDRESS	5960 22ND AVE. S.W.		4.3 STREET ADDRESS	Uddo Beach Resort Dr. # 15			
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP	nones FC 34114			
TITLE	TD *	DELETE	5.1 TITLE	Change Addition			
NAME	CALI, SARAH L.		5.2 NAME	Sorah L. Calif			
STREET ADDRESS	5820 22ND AVE. S.W.		5.3 STREET ADDRESS	2438 Crano rain -			
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP	Mades FL 34112			
TITLE		☐ DELETE	6.1 TITLE	Change Addition			
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							

Country

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4. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE (REGURE)

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>4-25-99</u>

9-11 - 193 - 3735 Daytime Phone #

(2E034 (11/98)