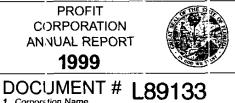
MAXWELL OF NAPLES CORPORATION

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## Apr 26, 1999 8:00 am Secretary of State Katherine Harris

04-26-1999 90050 021 \*\*\*150.00

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Principal P ac	e of Business		Mailing Address			***********	
8001 RADIO RO	DAD		8001 RADIO ROAD				
NAPLES FL 34104 NAPLES FL 34104				DO NOT WRITE IN TH	S SPACE		
					3. Date Incorporated or Qualifed		
					07/23/1990		
2. Principal P	lace of Business		2a. Mailing Address		4. FEI Number	<u> </u>	lied For
21			26		<u>65-0208481</u>		t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22			27		G. Germano de ottobro	Fee Re	quired
City & Stat	te		City & State		6. Election Campaign Financing	\$5.00	,
23			28	<u> </u>	Trust Fund Contribution	Added t	· Fees
Zip	Court	try	Zip	Country	8. This corporation owes the current year		¬
24	25		29	30	Persor al Property Tax.	∐ Yes	□No
	9. Name and Ado	ress of Current F	Registered Agent	94 No.	10. Name and Address of New Registers	1 Agent	
N. 11	IEC VOCEI			81 Name	JACOB NIGOL		
	ES VOGEL			82 Street A	idress (P.O. Bo) Number is Not Acceptable) -,		
	RADIO BOAD				8001 Kaaro K	0	
NAP	LES EL 34104			83	Afanlan Fl		ļ
,				84 City	Naples . C	85 Zip C	ode .
					<u> </u>	L   134	104
11. Pursuant	to the provisions of Se	ctions 607.0502	and 607.1508, Florida Sta	iti tes, the above-named co	reporation submits this statement for the purpose	of changing its	registered
office or r	registered agent, or bot on familiar with, and	to in the State of	ns of, Section 607.0505,	Florida Statutes.	ation's board of directors. I hereby accept the app		giotoroa
SIGNATURE	V Solli			ON	urad when reinstating)  4.16 DATE	, 99	
SIGNATURE	Signature preda printed na	Te of registered agent a	nd title if applicable (N	OTE: Registered Agent signature req			
12.	~~	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	P		☐ DELETE	1.1 TITLE		Change	Addition
NAME	NAGAR, JACOB			1.2 NAME			
STREET ADDRESS	8001 RADIO ROA	D		1.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34104	4		1.4 CITY-ST-ZIP	. <u></u>		
TITLE			☐ DELETE	2.1 TITLE		Change	Addition
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2. 4 CITY-ST-ZIP			
TITLE			☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME	}			3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				34. CITY-ST-ZIP			
TITLE			☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME	l			4, 2 NAME			1
STREET ADDRESS	,			4.3 STREET ADDRESS			
							l
CITY-ST-ZIP	1			4.4 CITY-ST-ZIP			
CITY-ST-ZIP	<del> </del>		☐ DELETE			☐ Change	Addition
TITLE	_		☐ DELETE			Change	☐ Addition
TITLE NAME			☐ DELETE	5.1 TITLE		Change	Addition
TITLE	3		☐ DELETE	5.1 TITLE 5.2 NAME		Change	Addition

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 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 receipt of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 Chapter 607 on an appear of the corporation of the receipt of trustee empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS