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PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L89526

(2)

FILED Apr 21 1998 8:00am Secretary of State

4500 EXECUTIVE DRIVE SUITE 300 APPLES FL 34119 US 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 07/23/1990 4. FEI Number 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 07/23/1990 4. FEI Number 4. Applied For 65-0208988 5. Not Applied For 65-0208988 5. Certificate of Status Desired 5. Certificate of Status Desired 7. Fee Required 7. Fee Required 7. Fee Required 7. Fee Required 7. Fully Added to Fees 7. This corporation owes or has paid the current year Intangible 7. Personal Property Tax due June 30. Yes 7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name Address of New Registered Agent 7. Pursuant to the provisions of Sections 607 0502 and 607.1508, Fiorida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered of Agent agreature required when reinstitling) 7. DATE 8. Street Address (P.O. Box Number is Not Acceptable) 8. Tip Code 8. Tip Code 9. Name Address of New Registered Agent agrature required when reinstitling) 9. DATE		A GRANDE HOTEL CORPOR	Mailing Address	·				
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WARES FL 3999 US 2. Principal Place of Business 2. Making Address 3. Date Incorporated or Outsillied 07/23/1999 3. Replace For 3. Suito, Apt #, etc. 3. City & State 2. City & State 3. Date Incorporated or Outsile On State Desired 3. Certificate of State Desired 3. Certificate of State Desired 3. Country 3. Date For Country 3. Country 3. Suito, Apt #, etc. 3. Country 3. Suito, Apt #, etc. 3. Country 4. Suito Executive Country 5. Suito Executive Country								
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City & State	Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional	
City & State 2 2 2 2 Country 2 2 2 2 2 2 2 2 2 2 2 2 2	22	27				5. Certificate of Status Desired	Fee Required	
Zip	City & Stat	City & State City & State				6. Election Campaign Financing	\$5.00 May Be	
28	23	28				Trust Fund Contribution	Added to Fees	
JANET KELLY 4500 EXECUTIVE DRIVE SUITE 300 NAPLES FL 34119 14 City 15 City 16 City 17 City 18 City 18 City 18 City 18 City 19		Country Zip Coi		Countr	7	8. This corporation owes or has paid the	current year Intangible	
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### ASOD EXECUTIVE ORIVE SUITE 300 NAPLES FL 34119 ### City	JAI	NET KELLY		81	Name		I	
SUITE 300 NAPLES FL 34119 83 City FL 85 Zip Code 11. Pursuant to the provisions of Socions 607 0502 and 607.1508. Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutos, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or horizon and accept the obligations of, Section 607.0505, Florida Statutos agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutos given Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutos given Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutos SIGNATURE Signature required when reinstitling) 12. Of Fice RS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10. Change Addition 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I					Street	Address (P.O. Box Number is Not Accentable)		
11. Pursuant to the provisions of Socions 607 0502 and 607.1508 Florids 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 Florids Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and familiar with, and accept the obligations of, Sciotne 607 0505, Florids Statutes, Sciotne 607 0505, Florids Statutes, and accept the obligations of, Sciotne 607 0505, Florids Statutes, and accept the obligations of, Sciotne 607 0505, Florids Statutes, and accept the obligations of, Sciotne 607 0505, Florids Statutes, and accept the obligations of, Sciotne 607 0505, Florids Statutes, and accept the obligations of, Sciotne 607 0505, Florids Statutes, and accept the obligations of Sciotne 607 0505, Florids Statutes, and accept the obligations of Sciotne 607 0505, Florids Statutes, and accept the obligations of Sciotne 607 0505, Florids Statutes, and accept the obligations of Sciotne 607 0505, Florids Statutes, and accept the obligations of Sciotne 607 0505, Florids Statutes, and accept the appointment as registered obligations of Sciotne 607 0505, Florids Statutes, and accept the obligations of Sciotne 607 0505, Florids Statutes, and accept the obligations of Sciotne 607 0505, Florids Statutes, and accept the obligations of Sciotne 607 0505, Florids Statutes, and accept the obligations of Sciotne 607 0505, Florids Science 607 0505, Florids Sciotne 60]	talisto (i.e. box) to ilo i to i to i to bop asso,	<u> </u>	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Stalutes, the above-harned corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Stalutes, the above-harned corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Horizon Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Change as authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Change as authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Change as a corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Change as a corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Change as a corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Change as a corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Change as a corporation's board of directors. I hereby accept the appointment as registered agent, or both in the purpose of change as a corporation's board of directors. I hereby accept the appointment as registered agent, and accept the oppointment as registered agent, and accept the oppointment as registered agent, and accept the oppointment as registered agent, and accept the appointment as registered agent, and accept the appointment as registered accept the corporation accept the appointment as registered accept the corporation accept the appointment as registe	* -:			83				
11. Pursuant to the provisions of Socions 607 0502 and 607 1508 Florida Stalutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accorpt the obligations of, Socions 607 0505, Florida Stalutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accorpt the obligations of, Socions 607 0505, Florida Stalutent agent. I am familiar with, and accorpt the obligations of, Socions 607 0505, Florida Stalutent agent. I am familiar with, and accorpt the obligations of, Socions 607 0505, Florida Stalutent agent. I am familiar with, and accorpt the obligations of, Socions 607 0505, Florida Stalutent agent. I am familiar with, and accorpt the obligations of, Socions 607 0505, Florida Stalutent agent. I am familiar with, and accorpt the obligations of, Socions 607 0505, Florida Stalutent agent. I am familiar with, and accorpt the obligations of, Socions 607 0505, Florida Stalutent agent. I am familiar with, and accorpt the obligations of socions of	,			-	-			
SIGNATURE Signature bytestic preference of legistrated ageneral medition in agusticature (NOTE Registered Ageneral signature required when reincitating) DATE	1			64	City	F	BS Zip Code	
12.	<u>;</u>							
TITLE	Olditarione	Signature, typed or printed name of registered age	nt and late if applicable (NOTE	Registered Ag	ent signature			
MARDY, ROBERT S 12 NAME STREET ADDRESS 13 STREET ADDRESS 14 CRTY-ST-ZIP	12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A		
13 13 13 14 15 16 17 17 17 17 17 17 17	TITLE		□ DELETE	1.1 TITLE			☐ Change ☐ Addition ₹	
NAPLES FL	NAME			1.2 NAME			51	
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1500 OSPREY AVE	TITLE			2.1 TITLE	ļ		Change Addition C	
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CITY-ST-ZIP 6.4 CITY-ST-ZIP	1			1	ADDOCCC			
		certify that the information supplied wi	th this filmo does not qualify for			ed in Section 119.07/3Vi) 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.

Frank W. Cooper Dir. / VP Sec