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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

明日日 からり と見ないなる ましな のましる これ

1998

21 26 65-0069689 Not 8.75 A Suite, Apt. #, etc. 5. Certificate of Status Desired 58.75 A Fee Rec City & State 6. Election Campaign Financing 5.00 and State 7. Country 7. Country 7. Country 7. Country 8. This corporation owes or has paid the current year Inta	
Sale PROORESS AVE NAPLES FI, 3594F 34 PRIORESS AVE NAPLES FI, 3594F 35 PRIORESS AVE NAPLES FI, 3594F 35 PRIORESS AVE NAPLES FI, 3594F 35 Date Incorporated or Qualified OT/12/91/988 36 PROORESS AVE NAPLES FI, 3594F 37 J OU 22 27 Suin. Apt #, etc. 28 Principal Place of Business 34 FE Number 45 ST063689	
Sale PROORESS AVE NAPLES FI, 3594F 34 PRIORESS AVE NAPLES FI, 3594F 35 PRIORESS AVE NAPLES FI, 3594F 35 PRIORESS AVE NAPLES FI, 3594F 35 Date Incorporated or Qualified OT/12/91/988 36 PROORESS AVE NAPLES FI, 3594F 37 J OU 22 27 Suin. Apt #, etc. 28 Principal Place of Business 34 FE Number 45 ST063689	
AMPLES FI, 35944 3 Union Committee in This space 3 Do NOT Writte in This space 4 Fill flyinder 5 Do Not Writte in This space 5 Do Not Writte in This s	81811 1841
3. Date Incorporated or Qualified 2. Principal Place of Business 2. Mailing Address 2. Surte, Apt. #, etc. 2. Surte, Apt. #, etc. 2. City & State 3. City & State 3. Country 4. Surte, Apt. #, etc. 2. City & State 3. City & State 4. City Country 5. Name and Address of Current Registered Agent 4. Surte, Apt. #, etc. 5. Country 6. Country 6. Country 7. Country 7. Country 7. Country 8. This corporation owes or has paid the current year Interpretation and Address of New Registered Agent 6. City Country 8. This corporation owes or has paid the current year Interpretation and Address of New Registered Agent 6. City Country 8. This corporation owes or has paid the current year Interpretation and Address of New Registered Agent 6. City Country 8. This corporation owes or has paid the current year Interpretation and Address of New Registered Agent 6. City Country 8. This corporation owes or has paid the current year Interpretation and Address of New Registered Agent 6. City Country 8. This corporation owes or has paid the current year Interpretation and Address of New Registered Agent 6. City Country 8. This corporation owes or has paid the current year Interpretation and Address of New Registered Agent 6. City Country 8. This corporation owes or has paid the current year Interpretation and Address of New Registered Agent 7. This corporation of the current agent and Address of New Registered Agent 8. State Address (P.O. Box Number is Not Acceptable) 8. This corporation of the current agent and Address of New Registered Agent 8. This corporation and Address of New Registered Agent 8. This corporation and Address of New Registered Agent 9. State Address (P.O. Box Number is Not Acceptable) 9. This paid agent of both in the State of Florids Statutes 9. Street Address (P.O. Box Number is Not Acceptable) 9. State Agent agent agent and Address of New Registered Agent 9. State Agent agent agent agent agent agent agent	
2. Principal Pilage of Business 2. Mailing Address 4. FEI humber April 21 22 23 27 26 28 27 29 29 20 27 29 20 20 29 29 20 20 20	
2. Mailing Address 2. Mailing Address 4. FEI Number Apple 6. Co96689 No. Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 A Fee Ref. 22 27 City & State Country 25 20 Country 26 20 Country 26 20 Country 27 20 20 20 20 20 20 20	
Suite, Apt #, etc. City & State City & State Country Zip Zip Zip Zip Zip Zip Zip Zi	olied For
City & State Country B. This corporation owes or has paid the current year Interpretation of the Country from the Country	Applicable
City & State 23	
Zip Country Zip Country Zip Country Zip Country Zip Country Zip Zi	`
24 3 4 0 25 9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 10, Name and Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 507.0502 and 607.1508, Florida Statutus, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	_
## ASS2 TANKAMI TRAL SUITE 401 NAPLES FL 33982 ## City ## Cit	INO
## 4532 TAMAMI TRAL SUITE 401 NAPLES FL 33982 ## City #	
NAPLES FL 33962 84 City FL 85 Zip C 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 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 ragent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or preted reme of registered agent and ton 9 Applicable (NOTE Registered Agent a grature required when reimitalities). DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE D CHange PRANCL, RICHARD 12 NAME PRANCL, RICHARD 13 SIREET ADDRESS CITY-ST-ZIP NAPLES FL 14 CITY-ST-ZIP 11 LITLE DELETE 11 TITLE DELETE 22 NAME Change Change Change TITLE DELETE 31 TITLE DELETE 31 TITLE DELETE 41 TITLE DELETE 41 TITLE Change Change Change Change Change Change Change Change Change TITLE DELETE 41 TITLE Change Change TITLE DELETE 51 TITLE Change TITLE Change Change Change Change TITLE Change Change Change Change TITLE Change Change TITLE Change Change TITLE Change TITLE Change Change TITLE Change	
TI. 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 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 its 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 its office or registered agent and the Papellocation. I hereby accept the appointment as its office or registered agent and the Papellocation. I hereby accept the appointment as its office or registered agent and the Papellocation. I hereby accept the appointment as its office or registered agent and the Papellocation. I hereby accept the appointment as its office or registered agent and the Papellocation. I hereby accept the appointment as its office or registered agent and the Papellocation. I hereby accept the appointment as its office or registered agent and accept the appointment as its office or registered agent and accept the appointment as its office or registered agent and accept the appointment as its office or registered agent and accept the appointment as its office or registered agent and accept the appointment as its accept the appointment accept the appointment accept the appointment acc	
### Presuant 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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as a submits this statement for the purpose of changing its office or registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. ### Signature, hyped or present name of registered agent and kind # appointment as a submits this statement for the purpose of changing its office or registered agent and the purpose of change is gradure required when rematating. ### DELETE OFFICERS AND DIRECTORS ### 13.8 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ### 13.8 TREET ADDRESS ### 13.8 TREET ADDRESS AVE ### 13.8 TREET ADDRESS ### 13.8 TREET ADDRESS ### 14.0TH'S 17-2IP ### 17.1 TITLE ### 15.1 TITLE #	
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 ragent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature Signature, typed or printed name of registered agent and trin if a publication (NOTE Registered Agent a greature required when reinstating) DATE	<u>-</u>
Agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed nume of registered agent and trin if applicable. (NOTE Registered Agent a gnature required when reinstating) DATE	registered egistered
Signature, typed or proted name of registered agent and two Maryelicanho (NOTE Registered Agent is gradure required whon reinstaling). 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE PRANCL, RICHARD STREET ADDRESS 3963 PROGRESS AVE STREET ADDRESS STREE	-
TITLE	
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL DELETE 2.1 TITLE DELETE 2.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3383 PROGRESS AVE APPLES FL DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 3.1 TITLE APPLES FL DELETE 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.4 CITY-ST-ZIP TITLE NAME 3.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE DELETE AT TITLE ANAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME Change	
STREET ADDRESS CITY- ST-ZIP IITLE D D DELETE D D D D D D D D D D D D D D D D D D	Addition
CITY-ST-ZIP ITITLE D DELETE 1.4 CITY-ST-ZIP ITITLE D DELETE 2.1 TITLE NAME PRANCL, LOUISE STREET ADDRESS CITY-ST-ZIP TITLE NAPLES FL DELETE 3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE 5.1 TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE S.2 NAME	
NAME	
STREET ADDRESS NAPLES FL 2.3 STREET ADDRESS	Addition
DELETE DELETE 2 4 CITY-ST-ZIP Change	
TITLE DELETE 31 TITLE Change NAME 32 NAME	
3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 3.4. CITY - ST - ZIP	Addition
CITY_ST-ZIP	
TITLE DELETE 4.1 TITLE Change MAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME 5.2 NAME	
MAME	Addition
STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TiTLE Change NAME 5.2 NAME	
TITLE DELETE 5.1 TITLE Change NAME 5.2 NAME	
NAME 5.2 NAME	
.	Addition
STREET ADDRESS 5.3 STREET ADDRES	
OUT OF THE	
CITY-ST-ZIP 5.4 CiTY-ST-ZIP TITLE DELETE 6.1 TITLE Change	Addition
NAME 62 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-ZIP	farmetter.
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 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 officer or director of the corporation or the receiver or trustee empounded to execute this report as required by Chapter 607, Florida Statutes; and that my name appeals to the same legal effect as if made under oath; that officer or Block 13 if changed, or on an attentiment with an address. SIGNATURE:	I am an ears in