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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M97902

(4)

PRIME CUT OF NAPLES, INC.

Principal Place of	I Business	Mailing Address			ş (Ağıkdı) (14 (Bill 1885 izili Bill 2012 izil			
380 TERN DRIVE APT. 1 NAPLES FL 33962-4932		380 TERN DRIVE						
		APT. 1 NAPLES FL 34112-4932						
		TWI LEG TE OTTE TOOL	MARLES PL SHI124802		3. Date Incorporated or Qualified		eport	
2. Principal Place	e of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
1		26			65-0104549		No	t Applicable
Suite, Apt #,	ets	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	
		27					Fee Re	···
City & State		City & State			6. Election Campaign Financing		\$5.00	•
<u>l</u>		28	T		Trust Fund Contribution	<u> </u>		lo Fees
Zip ⊐	Country	Zip	Country	у	8. This corporation has liability for in Florida Statutes	ntangible t Yes		. 199.032,
	9. Name and Address of Cur	rrent Registered Agent	30		10. Name and Address of New Reg			
	SYLVIE	Tem registered Agent	81	Name				
	RN DRIVE			1				
APT. 1	MIT DINTE		82	Street Add	lress (P.O. Box Number is Not Acceptable	le)		
	S FL 33962-4932		83	<u> </u>		 		
MARGE	0 1 L 0000E-100E			ļ	-			
			84	City		FL	85 Zip	Code 112_
11 Purcuant to	the provisions of Sections 607	0502 and 607 1508 Florida Statu	tes the abov	/e-named cor	poration submits this statement for the p	urpose of	changing i	s registered
agent. Lami!	istered agent, or both, in the S familiar with, and accept the of	tate of Florida Such change was bligations of, Section 607.0505, F	authorized b lorida Statute	sy the corpora es.	ation's board of directors. I hereby accep	it the appo	imment as	registered
IGNATURE -	paren i typopolisi profestinas a reflectindene							
569	francio i typi dribi buli aktivas ar orbedagasebio	d agent and tille if applicable (NO	ιτε: Registered Ag	gent signature requ	vired when reinstating)	DATE		
5.6.		AND DIRECTORS	TE: Registered Ac	gent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC		_	
2. DLE C	OFFICE RS						DIRECTOR Change	
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SIGNATURE:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTO

1-15-97

941-774-7575

FILED

Jan 24 1997 8:00am

Secretary of State

ime Phone #