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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M97902 1. Corporation Name

PRIME CUT OF NAPLES, INC.

**FILED** Feb 10, 1999 8:00am **Secretary of State** 

02-10-1999 90035 028 \*\*\*150.00



Principal Place of Business		Mailing Address						
380 TERN DRIV	√E	380 TERN DE	RIVE			·		
APT. 1		APT. 1				DO NOT WRITE IN THIS SPACE		
NAPLES FL 33962-4932		NAPLES FL 33962-4932				3. Date Incorporated or Qualifed		
						09/01/1988		
2. Principal P	Place of Business	2a. Mailing /	Address			4. FEI Number	— — — · · ·	plied For
21		26				65-0104549		Applicable
Suite, Apt.	. #, etc.	Suite, Ap	pt. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Re	
City & Stat	te	City & S	State			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution .	Added to	o Fees
Zip 24	Country 25	Zip 29	[:	Countr	y	<ol><li>This corporation owes the current ye Personal Property Tax.</li></ol>		□No
	9. Name and Address of Cu	rrent Registered Ag	ent			10. Name and Address of New Regist	ered Agent	
				81	Name			
	LY, SYLVIE TERN DRIVE			82	Street Add	dress (P.O. Box Number is Not Acceptable)	-	
APT	. 1			83	3			
NAP	PLES FL 34112			84	City	7 192 7 193 14 14 14 14 14 14 14 14 14 14 14 14 14	<b>FL</b> 85 Zip C	òde
11. Pursuant	to the provisions of Sections 607	7.0502 and 607.1508, State of Florida, Such o	Florida Statute	s, the abou	/e-named cor	tion's board of directors. I hereby accept the	appointment as reg	istered
office or i	registered agent, or both, in the S am familiar with, and accept the of	State of Florida. Such of bligations of, Section (	change was au 607:0505, Flori	thorized by ida Statute	the corporats.	tion's board of directors. I hereby accept the	appointment as reç	gistered
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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 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 of an adaptivent with an address, with all other like empowered.

SIGNATURE: