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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

ANNUAL REPORT  1998		Secretary of State DIVISION OF CORPORATIONS		Secretary of State
DOCUN 1. Corporation	MENT # P04230	(9)		
UNITED	LELY INVESTMENTS, INC.			
Principal Place of Business  8825 TAMIAMI YRAIL E. NAPLES FL 33962		Mailing Address 8825 TAMIAMI TRAIL E. NAPLES FL 33962		
				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
2. Principal Pi	ace of Business	2a. Mailing Address		12/04/1984  4. FEI Number   Applied For
21		26		47-0586500 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.		Certificate of Status Desired     \$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zıp	Country 25	Z(p)	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
	SENKEVICH, WILLIAM J.  81   Name			
8825 TAMIAMI TR. E.			82 Street Addr	ess (P.O. Box Number is Not Acceptable)
NA	PLES FL 33962		83	
			24	Table 1
			84 City	FL 85 Zip Code
	to the provisions of Sections 607.0507 ogistered agent, or both, in the State in familiar with, and accept the obliga-	Pland 607 1508, Florida Statute of Florida Such change was au ilions of, Section 607,0505, Flor	s, the above-named corp uthorized by the corporat ida Statutes.	oration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed is printed name of regularical ages	or and trie if applicable INOTE	Registered Agent signature requir	ed when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	P Senkevich, William J.	☐ DELETE	1.4 TATLE 1.2 NAME	L. Change L. Addition
STREET ADDRESS	8825 TAMIAMI TRAIL E.		1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BOOM, JORIS		2.2 NAME	
STREET ADDRESS	BUTZENWEG 20 CH-6300		2.3 STREET ADDRESS	
CITY - ST - ZIP	SWITZERLAND	Total Care	2. 4 CITY-ST-ZIP	
TITLE	D VAN DED LELY OLAF	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	VAN DER LELY, OLAF BUTZENWEG 20 CH-6300		3.2 NAME 3.3 STREET ADDRESS	
CITY-ST-ZIP	SWITZERLAND		3.4. CITY-ST-ZIP	
TITLE	D	DELETE	4.1 TITLE	Change Addition
NAME	VEGA, JR., GEORGE		4. 2 NAME	
STREET ADDRESS	2660 AIRPORT ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		4.4 CITY+ST-ZIP	· · · · · · · · · · · · · · · · · · ·
TITLE		☐ D€LETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-\$1-ZIP TITLE		DELETE	5 4 CiTY-ST-ZIP 61 TITLE	☐ Change ☐ Addition
NAME		Parent	6.2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	

CITY-ST-ZIP 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 suppliemental 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 attrachment with an address

**SIGNATURE:** 

William SENKEVICH

**FILED** 

Feb 10 1998 8:00am

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