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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90136 047 ***150.00

Principal Place of Business Mailing Address	DOCU	MENT # P21890)			1		
Principal Pace of Business	1. Corporation	Tallo				İ		
Mailting Address Mailting Ad	LITOMER	ELU ASSET MANAGEMENT	ING.			4 1981(88) (1881 (1881 (1816) 8) (8) (8) (8) (8) (8)	. 4:4:: 0:4:: 2:4 :: 1	61611 B(831 1881
Mailting Address Mailting Ad								
STE 214 STE 214 STE 214 US	Principal Place	e of Business	Mailing Address				BIBII EKEII BIBII B){
STE 214 STE 214 STE 214 US	1400 GULF SH	ORE BLVD N	1400 GULF SHORE BLVD N	Ì				
S								
11/28/1988							S SPACE	
2. Mailing Address	US		05			, · · · · · · · · · · · · · · · · · · ·		
Sullic, Apt. #, etc.	2 Deineinel D	lace of Business	On Maritima Address					
Suite. Apt #, etc. Solide. Apt #, etc. Solide. Apt #, etc. Total Contribution S8.75 Additional file Ree Required _ Fee		lace of Business	— ~			1	<u> </u>	•
27								
City & State			—		5. Certifcate of Status Desired			
28					6. Election Campaign Financing			
Zip			⊢ , ·		1 1			
9. Name and Address of Current Registered Agent PERNICIARO, DAWN L 1400 GULF SHORE BLVD N STE 214 NAPLES FL 34102 83 64 City FL 85 Zip Code 64 City FL 85 Zip Code 65 Zibred Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 67 City FL 85 Zip Code 67 City FL 85 Zip Code 68 Zibred Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 67 City FL 85 Zip Code 68 Zibred Address (P.O. Box Number is Not Acceptable) 85 86 Zip Code 67 City FL 85 Zip Code 68 Zibred Address (P.O. Box Number is Not Acceptable) 87 88 Zip Code 88 Zibred Address (P.O. Box Number is Not Acceptable) 89 Zibred Address (P.O. Box Number is Not Acceptable) 80 Zibred Address (P.O. Box Number is Not Acceptable) 81 Zibred Address (P.O. Box Number is Not Acceptable) 82 Zibred Address (P.O. Box Number is Not Acceptable) 83 Zibred Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zibred Address (P.O. Box Number is Not Acceptable) 85 Zibred Address (P.O. Box Number is Not Acceptable) 86 Zibred Address (P.O. Box Number is Not Acceptable) 87 Zibred Address (P.O. Box Number is Not Acceptable) 88 Zibred Address (P.O. Box Number is Not Acceptable) 89 Zibred Address (P.O. Box Number is Not Acceptable) 80 Zibred Address (P.O. Box Number is Not Acceptable) 80 Zibred Address (P.O. Box Number is Not Acceptable) 80 Zibred Address (P.O. Box Number is Not Acceptable) 80 Zibred Address (P.O. Box Number is Not Acceptable) 80 Zibred Address (P.O. Box Number is Not Acceptable) 80 Zibred Address (P.O. Box Number is Not Acceptable) 80 Zibred Address (P.O. Box Number is Not Acceptable) 80 Zibred Address (P.O. Box Number is Not Acceptable) 80 Zibred Address (P.O. Box Number is Not Acceptable) 80 Zibred Address (P.O. Box Number is Not Acceptable) 80 Zibred Address (P.O. Box Number is Not Acceptable) 80 Zibred Address (P.O. Box Number is Not Acceptable) 80 Zibred Address (P.O. Box Number is Not Acceptable) 80 Zibred Address (P.O. Box Number is Not Acceptable) 80 Zibred Address (P.O. Box Number is Not Acc		Country		Country		8. This corporation owes the current year li	ntangible	
PERNICIARO, DAWN L 1400 GULF SHORE BLVD N STE 214 NAPLES FL 34102	24	25	29	30		Personal Property Tax.	☐ Yes	□No
PERNICIARO, DAWN L 1400 GULF SHORE BLVD N STE 214 NAPLES FL 34102 14. 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Specific corregistered 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 registered of the provisions of period agent to provide agent agent to provide agent agent to provide agent to provide agent to provide agent to provide agent agent	•	9. Name and Address of Curre	nt Registered Agent		,	10. Name and Address of New Registered	d Agent	
1400 GULF SHORE BLVD N STE 214 NAPLES Ft. 34102 83	חבחו	MICIADO DAMALI		81	Name			
STE 214 NAPLES FL 34102 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 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 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 registered agent and regulation of Section 67.0505, Florida Statutes. SIGNATURE Corporation Corp		· · · · · · · · · · · · · · · · · · ·		82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
NAPLES FL 34102 State Sta								
Section Sections				83				
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 registered agent and accept the obligations of, Section 607.0505, Floridal Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PP PERNICIARO, DAWN L TITLE PRINCIARO, DAWN L TITLE VTD D DELETE 1.1 TITLE 2.1 TITLE DOMAGE STO OFFICERS AND DIRECTORS IN 1.2 STREET ADDRESS STREET AD	MAE	LES PL 34102		84	City		85 Zip (Code
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 registered agent and accept the obligations of, Section 607.0505, Floridal Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PP PERNICIARO, DAWN L TITLE PRINCIARO, DAWN L TITLE VTD D DELETE 1.1 TITLE 2.1 TITLE DOMAGE STO OFFICERS AND DIRECTORS IN 1.2 STREET ADDRESS STREET AD					<u> </u>	[-]		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rentating)	11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State)2 and 607.1508, Florida Statute of Florida. Such change was au	s, the above thorized by	e-named corporat	poration submits this statement for the purpose o ion's board of directors. I hereby accept the appo	it changing its sintment as reg	registered gistered
Signature, speed or printed rame of impolational gampatry and other if applications 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Flori	da Statutes	•	,		-
12.		Characters have descripted as an of assistant and	at and title if applicable (NOTE)	Deviatored Acce	t aignatura requin	DATE DATE		
TITLE					r agriatura radom	· · · · · · · · · · · · · · · · · · ·	ND DIRECTO	RS IN 12
STREET ADDRESS CITY-ST-ZIP				+				
STREET ADDRESS CITY-ST-ZIP	NAME	PERNICIARO, DAWN L		1.2 NAME				:
TITLE	STREET ADDRESS			1.3 STREET	ADDRESS			
TITLE	CITY-ST-ZIP	BONITA SPGS FL 34134		1.4 CITY-ST	r-zip			
STREET ADDRESS S991 20TH AVE SW NAPLES FL 34116 2.4 CITY-ST-ZIP	TITLE	VTD	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
CITY-ST-ZIP	NAME	NELSON, DENNIS		2.2 NAME				
TITLE	STREET ADDRESS	5991 20TH AVE SW	2.3		ADDRESS			•
NAME	CITY-ST-ZIP	NAPLES FL 34116		2.4 CITY+S	T-ZIP	· ·		
STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 3.4. CITY-ST-ZIP	TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
STREET ADDRESS S S S S S S S S S	NAME			3.2 NAME				
TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	STREET ADDRESS			3.3 STREET	ADDRESS			
NAME STREET ADDRESS CITY- ST- ZIP TITLE DELETE STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP STREET ADDRESS CITY- ST- ZIP STREET ADDRESS CITY- ST- ZIP TITLE DELETE SA STREET ADDRESS CITY- ST- ZIP TITLE SA DELETE SA STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP			3.4. CITY-S	T-ZIP			
### ### ##############################	TITLE		L] DELETE	4.1 TITLE			☐ Change	☐ Addition
CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 52 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Change Addition NAME DELETE 6.1 TITLE Change Addition NAME 6.2 NAME CS NAME CS NAME CS NAME STREET ADDRESS 6.3 STREET ADDRESS CS NAME CS	NAME			4. 2 NAME				
TITLE DELETE 5.1 TITLE Change Addition NAME 52 NAME STREET ADDRESS S3 STREET ADDRESS S4 CITY - ST - ZIP TITLE Change Addition								
NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS				4	r-ZIP		Change	· Addition
STREET ADDRESS 5.3 STREET ADDRESS CITY- ST- ZIP 5.4 CITY- ST- ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS	ì		□ vere ie					
CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS	1				Annpese		•	ļ
TITLE DELETE 6.1 TITLE Change Addition NAME STREET ADDRESS 6.3 STREET ADDRESS		•						
NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS			☐ DELETE		- <u>ur</u>		[] Change	Addition
STREET ADDRESS 6.3 STREET ADDRESS							= = = = = = = = = = = = = = = = = =	
					ADDRESS			
CITY-ST-ZIP 6.4 CITY-ST-ZIP				1				
				1				,

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 of 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 of the receiver or truetee 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, oven an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2/3/99

941-261-4800