

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90149 010 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P36023**

1. Corporation Name

**FRANKLYN DEVELOPMENT CO. OF LEE COUNTY, INC.**

Principal Place of Business

24626 IVORY CANE DRIVE  
BONITA SPRINGS FL 34134

Mailing Address

24626 IVORY CANE DRIVE  
BONITA SPRINGS FL 34134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1991

4. FEI Number

65-0547563

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 24637 Ivory Cane Way  
Suite, Apt. #, etc.

2a. Mailing Address

26 356 Cypress Way W  
Suite, Apt. #, etc.

City &amp; State

23 Bonita Springs, FL  
Zip County

City &amp; State

28 Naples, FL  
Zip County

24 34134

25 USA

29 34110

30 USA

9. Name and Address of Current Registered Agent

BERZIN, RUSSELL F.  
4181 #202 SAWGRASS PT.  
BONITA SPRINGS FL 34134

10. Name and Address of New Registered Agent

81 Name

Amy S. Pate

82 Street Address (P.O. Box Number is Not Acceptable)

356 Cypress Way W

83

84 City

Naples

FL

85 Zip Code

34110

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Amy S. Pate

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

5/27/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETENAME BERZIN, RUSSELL F.  
STREET ADDRESS 4181 #202 SAWGRASS PT.  
CITY-ST-ZIP BONITA SPRINGS FL 34134TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☐ Addition1.2 NAME BERZIN, Russell F.  
1.3 STREET ADDRESS 28803 Euclid Ave.  
1.4 CITY-ST-ZIP Wickliffe, OH 440922.1 TITLE ☐ Change ☐ Addition2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

941-495-0157

Date

Daytime Phone #

CR2E034 (1/98)