


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

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P39443 (7) 1. Corporation Name 1100 FIFTH AVENUE PARTNERS, INC.					
Principal Place of Business 1100 5TH AVENUE SOUTH SUITE 301 NAPLES FL 33940 US			Mailing Address 1100 5TH AVENUE SOUTH SUITE 301 NAPLES FL 33940 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/29/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-3567613	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent KEELER, MICHAEL W 1100 5TH AVENUE SOUTH SUITE 301 NAPLES FL 33940				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code
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 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DALTON, TIMOTHY		1.2 NAME		
STREET ADDRESS	1100 5TH AVE. SOUTH SUITE 301		1.3 STREET ADDRESS		
CITY - ST - ZIP	NAPLES FL		1.4 CITY - ST - ZIP		
TITLE	VT	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARTMAN, JAMES F.		2.2 NAME		
STREET ADDRESS	1100 5TH AVE SOUTH SUITE 301		2.3 STREET ADDRESS		
CITY - ST - ZIP	NAPLES FL		2.4 CITY - ST - ZIP		
TITLE	PS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREINER, KENNETH J.		3.2 NAME		
STREET ADDRESS	1100 5TH AVE SOUTH SUITE 301		3.3 STREET ADDRESS		
CITY - ST - ZIP	NAPLES FL		3.4 CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAHER, KEVIN J.		4.2 NAME		
STREET ADDRESS	1100 5TH AVE SOUTH SUITE 301		4.3 STREET ADDRESS		
CITY - ST - ZIP	NAPLES FL		4.4 CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEELER, MICHAEL W		5.2 NAME		
STREET ADDRESS	1100 5TH AVE SOUTH SUITE 301		5.3 STREET ADDRESS		
CITY - ST - ZIP	NAPLES FL		5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			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.

SIGNATURE: Michael Keeler 1/26/98 941-26-355

CR2E034 (10/97)