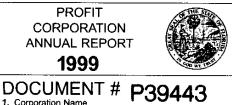
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90104 003 \*\*\*150.00

1100 FIFTH AVENUE PARTNERS, INC.							
Principal Plac	ce of Business	Mailing Address				SH USBI BIBILDIBI	81911 TIUSI (TU)
1100 5TH AVE	NUE SOUTH	1100 5TH AVENUE SOUTH					
SUITE 301 SUITE 301							
NAPLES FL 33940 NAPLES FL 33940					DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualifed 06/29/1992		
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number	Ar	oplied For
21		26			13-3567613	No	ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	<b>\$8.75</b> / Fee Re	
City & Sta	te	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	
Zip	Country	Zîp	Countr	у	8. This corporation owes the current year	Intangible	
24	25	<del></del>	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ad Agent	
VCC	DED MICHAEL W		81	Name			
KEELER, MICHAEL W 1100 5TH AVENUE SOUTH			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
SUITE 301 NAPLES FL 33940			83	3	***************************************		
IVA	220 12 00340		84	City		85 Zip (	Code
office or i	registered agent, or both, in the State o	it Florida. Such change was au	ithorized by	the corpora	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its	registered gistered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Flor	ida Statute:	s.		·	
SIGNATURE	Signature, typed or printed name of registered agent	and the it controlls					
12.	OFFICERS AND		13.	int signature requ	uired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DC IN 12
TITLE	С	☐ DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
NAME	DALTON, TIMOTHY		1.2 NAME				
STREET ADDRESS	AAGO ETIL NEL COUTU CUITE AGA		1	TADORESS			
CITY-ST-ZIP	NAPLES FL	)		í			
TITLE			1.4 CITY-5	51-ZIP		☐ Change	☐ Addition
NAME	1140774441 144470 =		2.1 IIILE			☐ Change	Addition
STREET ADDRESS	AAOO PTILANE OOUTH OUTE OO			TADDDECC			
CITY-ST-ZIP	NAPLES FL	UI		T ADDRESS			
TITLE			2. 4 CITY-:	S1-ZIP		Change	☐ Addition
NAME	0050150 4/544/5711 4		3.2 NAME			C Onarige	
STREET ADDRESS	1100 5TH AVE SOUTH SUITE 3	n1		T.4000500			
CITY-ST-ZIP	NAPLES FL	U I	1	TADDRESS			
TITLE	V	□ DELETE	4.1 TITLE	51-ZIP	- ***	☐ Change	Addition
NAME	MAHER, KEVIN J.		4. 2 NAME			☐ Change	LJ Addition
STREET ADDRESS		01		TADDDCCC		•	
CITY-ST-ZIP	NAPLES FL	VI		TADDRESS			ł
TITLE	V	☐ DELETE	4.4 CITY-S 5.1 TITLE	1-ZIP	-1-1	☐ Change	Addition
NAME	KEELER, MICHAEL W		5.1 IIILE 5.2 NAME			Change	
STREET ADDRESS	1100 5TH AVE SOUTH SUITE 30	14		T ADDRESS			Ì
	NAPLES FL	11	9				Ì
CITY-ST-ZIP TITLE	MALLES FL	☐ DELETE	5.4 CITY-S 6.1 TITLE	1-217			Addition
NAME			62 NAME			☐ Change	Addition

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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

941-261-3575 Daylime Photie #