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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000014062 (3)

FILED May 05 1998 8:00am Secretary of State

(LAWRENCE A. FARESE, P.A.		\ -,					
Princ	cipal Place of Business	Mailing Address						ii iidi iggi
3001 TAMIAMI TRAIL NORTH FOURTH FLOOR NAPLES FL 33940-3032		3001 Tamiami Trail North Naples FL 33940-3032 US				DO NOT WRITE IN THIS	SPACE	
US	BEG 11 00019 0002	O O				3. Date Incorporated or Qualified		
						12/24/1992		
2. P	rincipal Place of Business	2a. Mailing Addres	SS			4. FEI Number	I A	plied For
21		26				65-0375982		ot Applicable
	uite, Apt. #, etc.	Suite, Apt #, e	tc.					Additional
22	27					5. Certificate of Status Desired		quired
	ity & State City & State					6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	
Ž	ip Country	Zφ		Country	/	8. This corporation owes or has paid the cur		
24	25	29	30	-		· · · · · · · · · · · · · · · · · · ·	- ' -] No
	9. Name and Address of Curre	nt Registered Agent		<u> </u>	 -	10. Name and Address of New Registered		
	FARESE, LAWRENCE A			81	Name			
3001 TAMIAMI TRAIL NORTH NAPLES FL 33941-3032			82 Street Add			ress (P.O. Box Number is Not Acceptable)		
				84			85 Zip	Code
						FL	. 1 1 '	
11.	Pursuant to the provisions of Sections 607.050	02 and 607 1508, Florida	Statutes, the	voda s	e-named corp	poration submits this statement for the purpose of lion's board of directors. I hereby accept the app	changing it	s registered
ì	agent. I am familiar with, and accept the oblig	ations of, Section 607.05	505, Florida S	alule:	y me corporai 8.	non's board or directors, rinereby accept the app	omment a s	registered
SIGN	NATURE							
	Signature, typed or printed name of registered ag	ent and title if applicable	(NOTE: Rogis	tered Age	ont signature requi	red when reinstating) DATE		
12.		ID DIFFECTORS		3.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 12
TITLE	DP	☐ DELE	.TE 1.	1 TALE			☐ Change	Addition
NAME	FARESE, LAWRENCE A		1.	2 NAME				
STREET	taddress 3001 Tamiami Trail Nor th		1.	3 STREET	ADDRESS	`,		
CITY-S	ST-ZIP NAPLES FL		1.	4 CITY - S	ST - ZIP			
TITLE		☐ DELE	TE 2.	1 TITLE			Change	Addition
NAME			2.	2 NAME				
STREET	T ADDRESS		2.	3 STREET	ADDRESS			ļ
CITY-S	ST - 71P			4 CITY-	1			İ
TITLE		DFLE		1 TITLE	J - 21/		Change	Addition
NAME		_		2 NAME				
	ADDRESS				ADDRESS			
					1			
CITY-S	91°4IF		3.	4. CITY - S	\$1-ZIP			
		DELE	ŢĘ.	TITLE			Change	Addition
		☐ D£LE		1 THILE			Change	Addition
NAME		☐ D£LE	4.	2 NAME			Change	Addition
STREET	ADDRESS	☐ D£LE	4. 4.:	2 NAME 3 STREET	ADDRESS		Change	Addition
STREET CITY-S	ADDRESS		4. 4.3 4.4	2 NAME 3 STREET 4 CITY-S				
STREET CITY-S TITLE	ADDRESS	☐ DELE	4. 4.3 4.5 TE 5.3	2 NAME 3 STREET 4 CITY-S 1 TITLE			☐ Change	Addition
STREET CITY-S	ADDRESS		4. 4.3 4.5 TE 5.3	2 NAME 3 STREET 4 CITY-S				
STREET CITY-S TITLE NAME	ADDRESS		4. 4.3 4.0 TE 5.	2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME				
STREET CITY-S TITLE NAME	T ADDRESS ST-ZIP	☐ DECE	4. 4.3 4.4 TE 5.3 5.3 5.3	2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME	ADDRESS			
STREET CITY-S TITLE NAME STREET	T ADDRESS ST-ZIP		4. 4.3 4.4 5. 5.5 5.5	2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET	ADDRESS			
STREET CITY-S TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP	☐ DECE	4. 4. 4. 4. 4. 5. 5. 5. 5. 5. 5. 5. 5. 5. 6. 6. TE	2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S	ADDRESS		☐ Change	☐ Addition
STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME	T ADDRESS ST-ZIP	☐ DECE	4. 4.: 4.: 5.: 5.: 5.: 5.: 5.: TE 6.: 6.: 6.:	2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME	ADDRESS		☐ Change	☐ Addition

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.

ALA SAM

11-166