FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000015485 (4)**

1. Entity Name

559 91ST AVENUE, INC.

Principal Place of Business	Mailing Address
801 LAUREL OAK DRIVE SUITE 640 NAPLES FL 33963	801 LAUREL OAK DRIVE SUITE 640 NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/22/1993**	3a. Date of Last Report: **04/22/1994**
4. FEI Number: **65-0395715**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. The corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WOODWARD, MARK J 801 LAUREL OAK DRIVE SUITE 640 NAPLES FL 33963	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 Section(s) 607.1622 and/or 617.1622, 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. The corporation is authorized by the corporation's board of directors to make this change. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section(s) 607.1622, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	D	☐ Change ☐ Addition
NAME	WOODWARD, MARK J	
STREET ADDRESS	801 LAUREL OAK DR., SUITE 640	
CITY-ST-ZIP	NAPLES FL 33963	
TITLE	D	☐ Change ☐ Addition
NAME	PIRES, ANTHONY P. JR.	
STREET ADDRESS	801 LAUREL OAK DR, STE 640	
CITY-ST-ZIP	NAPLES FL	
TITLE	DP	☐ Change ☐ Addition
NAME	FERRAO, AUBREY J.	
STREET ADDRESS	4001 TAMIAMI TRL NO, #350	
CITY-ST-ZIP	NAPLES FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. To the best of my knowledge, all of the information required to be included in this 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 with an asterisk (*), or on an attachment with an asterisk.

SIGNATURE Aubrey J. Ferrao 4/25/95 813-434-2030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0331295 CP