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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000047989 (7)

SOLDAVINI, UPHAM & COMPANY, P.A.

Principal Place of Business Mailing Address 791 10TH ST. SOUTH 791 10TH ST. SOUTH NAPLES FL 34102 NAPLES FL 30940 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/08/1993 2. Principal Place of Business 2a. Mailing Address Applied For 65-0420732 21 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Žip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name UPHAM, LAURA 791 10TH STREET SOUTH R2 Street Address (P.O. Box Number is Not Acceptable) SUITE A 63 NAPLES FL 33940 84 City 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 hame of registered agent and title if applicable (NCITE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change TITLE DELETE 1.1 TIFLE Addition NAME UPHAM, LAURA 1.2 NAME 791-10TH AVE. SOUTH, SUITE A 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL CITY-ST-ZIP 1.4 CITY - ST - ZIP ☐ Change DELETE Addition TITLE 21 TITLE SOLDAVINI, MATTHEW NAME 22 NAME 791-10TH AVE. SOUTH, SUITE A 23 STREET ADDRESS STREET ADDRESS NAPLES FL CITY - ST - ZIP 2 4 CITY-ST-ZIP Change DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME

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 13 if changed, or on an attachment with an address.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

61 TITLE 62 NAME

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

Laura

S Cestrami

DELETE

DELETE

DELETE

3/13/98

(941)262.7230

Change

Change

Change

Addition

Addition

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FILED

Mar 19 1998 8:00am

Secretary of State