## 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

	MEN I # P9300 RD S. NEWMAN, P.A.	00079850 (2)			1878 1878 1878 8877 <b>8</b> 877 1887
Principal Place of Business		Mailing Address			1818 18181 18181 BIIII BBII 1881
3150 CRAYTON ROAD NAPLES FL 34103 US		3150 CRAYTON ROAD NAPLES FL 34103 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
l				11/07/1993	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		NOT APPLICABLE	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	_	Trust Fund Contribution	Added to Fees
Zip 24	Country 25 9. Name and Address of Curre		Country 30	8. This corporation owes or has paid the of Personal Property Tax due June 30.  10. Name and Address of New Registere	Yes No
LIF		aut Hedisteled Wästir	81 Name	10. Name and Address of New Registere	n Agent
NEWMAN, EDWARD S 3150 CRAYTON ROAD				10.0.0	
NAPLES FL 33940			82 Street Ac	82 Street Address (P.O. Box Number is Not Acceptable)	
NAPLES PL 33840			83		
: 			84 City	F	85 Zip Code
11. Pursuant office or r agent. La SIGNATURE	to the provisions of Sections 607.09 registered agent, or both, in the Statum familiar with, and accept the obli-	te of Florida. Such change was au gations of, Section 607.0505, Flor	s, the above-named conthorized by the corporate Statutes.  Registered Agont signature re-	orporation submits this statement for the purpose ration's board of directors. I hereby accept the apparent the purpose when rehelating.	of changing its registered opointment as registered
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	NEWMAN, EDWARD S		1.2 NAME		,
STREET ADDRESS	3150 CRAYTON ROAD		1.3 STREET ADDRESS		
CITY - ST - ZIP	NAPLES FL	DELETE	1.4 CITY-S1-ZIP		Change   Addition
TITLE		DELETE	2.1 TITLE		Change Addition
NAME Street address			2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	31 TITLE	- · · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		ļ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		F3 perce.	5.2 NAME		Orange naultan
STREET ADDRESS			5.3 STREET ADDRESS		ı
CITY-S1-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change 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:

24.264. 3.55

**FILED** 

Apr 03 1998 8:00am

Secretary of State