**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90019 012 \*\*\*150.00

## DOCUMENT # P93000079975

1. Corporation Name

VERLO C	OF NAPLES, INC.				AND THE PROPERTY OF THE PROPER		
Principal Place	of Business	Mailing Address					
4751 N. TAMIAMI TRAIL 4751 N. TAMIAMI TRAIL							
NAPLES FL 34103 NAPLES FL 33940					DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualifed		
					11/19/1993		
2 Principal Pl	lace of Business	2a, Mailing Address			4. FEI Number Applied For		
21		<b>⊢</b>	26		65-0450029 Not Applicable		
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		S8.75 Additional		
22	.,,	27	•		5. Certificate of Status Desired Fee Required		
City & State City & State					6. Election Campaign Financing \$5.00 May Be		
28				_	Trust Fund Contribution LJ Added to Fees		
Zip Country Zip		Zip	Country		8. This corporation owes the current year Intangible		
24	25 29 30		0		Personal Property Tax. Yes No		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent		
			81	Name	SAME		
BUCZKO, ROBERT J			82	Street Ad	Street Address (P.O. Boy Number is Not Acceptable)		
. 1510-6 MAINSAIL DR					428 PERSIAN CT.		
NAP	LES FL 34114		83	3			
			84	City ,	1 1 2 2 - Co 1 1 2 C E 85 Zip Gode C		
Þ				M	ARCO ISLAND FL 34145		
l office or re	egistered agent, or both, in the State o	of Florida. Such change was aut	norizea by	me corpora	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered		
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	a Statute:	S.			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Age	ent signature requ	uired when reinstating) DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Р	☐ DELETE	1.1 TITLE		Change Addition		
NAME	BUCZKO, ROBERT J		1.2 NAME		La ALACIA JAT		
STREET ADDRESS	1510-6 MAINSAIL DR		1.3 STREE	ET ADDRESS	428 PERSIAN CT.  MARCO ISLAND, FL. 34145  Change Addition		
CITY-ST-ZIP	NAPLES FL	1.4 CI		ST-ZIP	MARCO ISLAND, FL. 34145		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition		
NAME	BUCZKO, BRIAN J		2.2 NAME				
STREET ADDRESS			2.3 STREE	ET ADDRESS			
CITY-ST-ZIP	NAPLES FL		2.4 CITY-	ST-ZIP			
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition		
NAME	BUCZKO, ROBERT D		3.2 NAME				
STREET ADDRESS	3654 STONE WAY		3 3 STREE	ET ADORESS			
CITY-ST-ZIP	ESTERO FL		3.4. CITY-	ST-ZIP			
TITLE	ST	☐ DELETE	4.1 TITLE		Change ☐ Addition		
NAME	BUCZKO, MARGARET M		4 2 NAME		UND DERGIAN CIT		
STREET ADDRESS	1510-6 MAINSAIL DR.		4.3 STREE	ET ADDRESS	THE PERSIAN CI.		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-	ST-ZIP	428 PERSIAN CT. MARCO ISLAND, FL. 34145		
TITLE		☐ DELETE	5.1 TITLE		Change Addition		
NAME			5.2 NAME	.			
STREET ADDRESS			5.3 STREI	ET ADDRESS			

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, on of an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

64 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

OELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

Addition