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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Apr 22 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000081222 (0)

Principal Place 8495 TAYLOR 8TE - 239 NAPLES FL 3 US	RD C. FELBER, INC.  e of Business ROAD	Mailing Addre 6495 TAYLOR NAPLES FL ( US	DRIVE			DO NOT WRITE In 3. Date Incorporated or Qualified		
						11/19/1993		
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number 65-0454536	Applied For Not Applica	
Sulte, Apt	#, etc.	Suite, Apt. #, etc.				6. Certificate of Status Desired	\$8.75 Additional	
22 City & Ctate	0	City & State					Fee Required	$\dashv$
City & State	•	28				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
ZIP	Country Zip			Country		8. This corporation owes or has paid		$\dashv$
24	25 29 30		0		Personal Property Tax due June 3			
EC	<ol> <li>Name and Address of Curr LBER, NANCY</li> </ol>	ent Hegistered Agen	<u> </u>	81	Name	10. Name and Address of New Regi	stered Agent	
6495 TAYLOR ROAD STE - 239 NAPLES FL 33942				82 83	Street Add	dress (P.O. Box Number is Not Acceptable	FL 85 Zip Code	
office or re agent. I ar SIGNATURE	egistered agent, or both, in the Stam familiar with, and accept the ob	ite of Florida. Such ch ligations of, Section 60	ange was auf 17.05 <b>05,</b> Florid	horized by da Statutes	the corpora	rporation submits this statement for the puration's board of directors. I hereby accept ured when reinstating)  ADDITIONS/CHANGES TO OFFICE	the appointment as registered	ed d
TITLE	P		DELETE	1.1 THILE			Change Addi	lion
NAME STREET ADDRESS CITY-ST-ZIP	FELBER, RICHARD C 6672 TRAIL BLVD NAPLES FL			1.2 NAME 1.3 STREET. 1.4 City-St	ADDRESS /	52 Carica Rd. Naples, Fl Sa Carica Rd. Naples, Fl	,	
TITLE NAME	V FELBER, NANCY		DELETE	2.1 TITLE 2.2 NAME			Change Addit	tion
STREET ADDRESS	6672 TRAIL BLVD.			2.3 STREET	ADDRESS /	sa Carica Rd.		
CITY-ST-ZIP	NAPLES FL			2. 4 CITY - S	T-ZIP	Naples, FI		
TITLE		لــا	DELETE	3.1 TITLE	1	•	Change Addil	иол
STREET ADDRESS				3.2 NAME 3.3 STREET	AUDBEGG			
CITY-ST-ZIP				3.4. CITY-S				1
TITLE			DELETE	4.1 TITLE	1-211		Change Addi	tion
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY - S1	r- ZIP			
TITLE	-		DELETE	5.1 TITLE			Change Addi	tion
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	AODRESS			
CITY-ST-ZIP	<del>_</del>			5.4 CITY - ST	·ZIP	* * * * * * * * * * * * * * * * * * *	·	
TITLE		ĻJ	DELETE	6.1 TITLE	-		Change Addit	iion
NAME				6.2 NAME				
STREET ADDRESS	•		i	6.3 STREET				- 1

14. Thereby 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 exproration 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.