FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P93000082476 (1)
1. Corporation Name

ARNOLD	CANDITO	DEVELOPMENT,	INC.
MINDED		DEVELOTIVE I	1110.

Principal Place of Business 1361 AIRPORT RD. NORTH NAPLES FL 33942		Mailing Address 1361 AIRPORT RD. NORTH NAPLES FL 33942			
2 Principal	Place of Business			3. Date Incorporated or Qualified 11/24/1993	3a. Date of Last Report 05/01/1995
21	ridge of publicas	2a. Mailing Address		4. FEI Number	Applied For
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.		65-0516473	Not Applicable
22		27		5. Cert-ficate of Status Desired	\$8.75 Additional Fee Required
City & St.	ale	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation has liability for in Florida Statutes Yes	
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New R	
1361 All NAPLES	D, DEAN A RPORT RD. NORTH FL 33942	02 and 607 1508 Elocda Cross	83 84 City	fress (P.O. Box Number is Not Acceptabl	FL 85 Zip Code
or regist familiar v SIGNATURE	with, and accept the obligations of, Se	ction 607.0505, Florida Statutes	s.	ration submits this statement for the purp and of directors. Thereby accept the appo	usse of changing its registered office intruent as registered agent. I am
12.		ND DIRECTORS	OTE Begidered Agent squature requisites 13.		DATE
TITLE	D	DELETE	1. 1 TITLE	ADDITIONS/CHANGES TO OFFIC	
NAME	ARNOLD, DEAN A		1.2 NAME		Change 🔲 Addition
STREET ADDRESS	I a a company to the		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33942	_	1.4 CrTY-S1-ZrP		
TITLE	D	☐ DELETE	2 1 TIFLE		Change [] Addition
NAME	CANDITO, JOSEPH		22 NAME	•	
STREET ADDRESS	100 1 1 11 11 11 11 11 11 11 11 11 11 11		2.3 STREET ADDRESS		
CITY - ST - ZIP	NAPLES FL 33942	FT DELETE	2 4 CHY - ST - ZIP		
NAME		☐ DELETE	3 1 TITLE		Change C Addition
STREET ADDRESS			3 2 NAME		
CITY-ST-ZIP			3 3 STREET ADDRESS		
TITLE		DELETE	3.4 CITY+ ST-ZIP 4.1 TITLE		Change Addition
NAME		_	4.2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
C!TY-ST-ZIP			4.4 CHY-S1-ZIF		
TrILE		DELETE	5 1 TILLE		Change Addition
NAME			5.2 NAME		The state of the s
STREET ADDRESS			5.3 STREET ACCORESS		
CHTY-ST-ZIP			5.4 CITY-S1-7/P		
TITLE		□ DELETE	€ 1 TILE		☐ Change ☐ Addition
NAME			6.2 NAME		_
STREET ADDRESS			63 STHEET ADDRESS		
City-ST-ZiP	by cortify that the information and find	with this til	64 CHTY - ST - 7IP		
	by certify that the information supplied at the information indicated on this ann t I am an officer or director of the cope n Block 12 or Block 13 if changed, or		ished and does not qualify fo ual report is true and accura a empowered to execute this ess.	or the exemption stated in Section 119.0 te and that my signature shall have the sa s report as required by Chapter 607, Flori	/(3)(k), Florida Statutes, I further ame logal effect as if made under ida Statules; and that my name

SIGNATURE:

Dean Arnold Director

CR2E034 (12/95)