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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Apr 13 1998 8:00am Secretary of State

	19 98		ELS.	DIVISION OF	CORPORA	TIOI	NS			
		# P9400		• -		-				
	OIAD_CIA1	CULUIOCO HIV	_				1.30	8008		
Principal Plac	e of Busines	EAPRISES, INC. Lanagemen	IT CA Maili	ONSWITAN	its,	N	<u>c.</u>			
3504 RADIO ROAD NAPLES FL 33999 US				3504 RADIO ROAD NAPLES FL 34104-3750 US				DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualified		
2. Principal Place of Business				2a. Mailing Address				05/10/1994 4. FEI Number Applied For		
21				26				65-0496144 Not Applica		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				Certificate of Status Desired \$8.75 Additional Security		
22 City & State				City & State			·	Fee Required 6. Election Campaign Financing \$5.00 May Be		
23			28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Zip Country		Z	Zip Coul			*******	8. This corporation owes or has paid the current year Intangible		
24 25 25 9. Name and Address of Current I			29					Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
			it Hegister	ed Agent		i	Name	10. Name and Address of New Registered Agent		
UNSWORTH, THOMAS G 3504 RADIO RAOD										
NAPLES FL 34104							Street Add	eet Address (P.O. Box Number is Not Acceptable)		
					6	3	<u>. </u>			
					84 City			85 Zip Code		
44 Direct to the provision of Contine COZ 0000 4 000 4000 D					on the obs		named cou	FL 50 10 10 10 10 10 10 10		
office or t	registored ac	gent, or both, in the State	of Florida.	Such change was	es, me auc authorized	by t	the corpora	orpolation's dominis this statement for the purpose of changing his register oration's board of directors. I hereby accept the appointment as registered		
SIGNATURE	(rii iaiiililai w	ith, and accept the only	ations of, a	ection 607.0005, Fi	onua Statut	es.				
 	Signature, typed	or printed name of registered agr				gent	signature requ	quired when reinstating) DATE		
12. TITLE	DOLOT	OFFICERS AN	D DIRECTO	ORS DELETE	13.		- 12	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 POST DENT		
NAME	PSVT UNSWORTH, THOMAS G			L DELETE 1.1 THTLE			12	PAROL PREDILIND		
STREET ADDRESS				1.3 STREE			DDRESS コマ	3504 Raylin Road		
CFTY - ST - ZIP	NAPLES				1.4 CITY	- \$1-	ZIP	3504 Radio Road Napos Pc 34104		
TITLE				DELETE 21TH		E		Change Addition		
NAME	}			•		2.2 NAME				
STREET ADDRESS						2.3 STREET ADDRESS 2. 4 City - St - Zip				
CITY-ST-ZIP TITLE				DELETE	3.1 TITLE	_	·ZIP	Change Addit		
NAME	1			3.2 N				- ~, -		
STREET ADDRESS					3.3 STRE	ET A	DORESS			
CITY-ST-ZIP					3.4. CITY		- ZIP			
TITLE				L DELETE	4.1 TITLE			L.] Change L.] Addil		
STREET ADDRESS					4. 2 NAM 4.3 STRE		DOBESS.			
CITY-ST-ZIP					4.4 CITY		1			
TITLE		·		DELETE	5.1 TITLE	_		☐ Change ☐ Addit		
NAME					5.2 NAM	E		JS		
STREET ADDRESS					5.3 STRE			(i. (i		
CITY-ST-ZIP TITLE				DELETE	5.4 CITY 6.1 TITLE		ZIP	SCIOOCZ4S78 LF hange DAddit		
NAME	_		6.2 NAM			-04/14/9301041024				
STREET ADDRESS					6.3 \$1RE		DORESS	***150.00		
CITY-ST-ZIP	6.4 C				6.4 CitY	CITY-ST-ZIP				
indicated officer or	on this annu director of th	e information supplied water the corporation or the receipt and the receipt the corporation or the receipt that and the corporation or an attached the corporation or at	it annuatire giver or trus	port is true and acc stee empowered to	or the exemulation of the execute this execute this	nptio that s re	on stated in my signati port as rec	in Section 119.07(3)(i), Florida Stalutes. I further certify that the information after shall have the same legal effect as if made under oath; that I am an equired by Chapter 607, Florida Statutes; and that my name appears in		
SIGNAT	URE:	Copro	Cus	dil				3/10/AB 941-263-2839		