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

Mailing Address

2725 70TH STREET. SW

NAPLES FL 34105-7219

2a, Mailing Address

City & State

Zip

Suite, Apt. #, etc

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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpor office or registered agent, or both, in the State of Florida. Such change was authorized by the corporatio agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

OFFICERS AND DIRECTORS

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Country

83

(NOTE: Registered Agent signature required

1.3 STREET ADDRESS

1.4 CiTY - ST-ZIP

2.3 STREET ADDRESS 2 4 CITY-ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADORESS

5 3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

4.4 CITY - ST- 2IP

34 CITY-ST-2IP

13.

1.1 TITLE

1.2 NAME

2.1 TiTLE

2.2 NAME

3 1 TITLE

3.2 NAME

4.1 TITLE 4. 2 NAME

51 TITLE

5.2 NAME

61 TITLE

6.2 NAME

DELETE

DELETE

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DELETE

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City

Street Addres

30

1997 DOCUMENT # P94000036316 (5)

Country

9. Name and Address of Current Registered Agent

spratring typed or ponted carrie of registered agent and title if applicable

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BAISLEY, PATRICIA M

NAPLES FL 39999

2725 70TH STREET, SW

BAISLEY, PATRICIA M 2725 70TH STREET, SW

NAPLES FL \$3999

909 BAILEY, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

2725 70TH STREET. SW

NAPLES FL 33999

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200

SIGNATURE

STREET ADDRESS

STREET ADDRESS

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JTY-ST-ZIP

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CHY-SI-Zig

12.

THILE

NAME

TITLE

NAME

Idli 6 MAME

SIGNATURE:

Change Addition

3. Date incorporated or Qualified 05/10/1994	3a. Date of Last Report 05/01/1996		
4. FEI Number NOT APPLICABLE		Ŧ	Applied For Not Applicable
5. Certificate of Status Desired		*	5 Additional Required
Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
10. Name and Address of New Re	gistered /	Agent	
s (P.O. Box Number is Not Acceptab	ole)		
	FL		Zip Code
ation submits this statement for the p o's board of directors. I hereby accep	urpose of at the app	changir olntmen	g its registered t as registered
when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CEDS AND	DIDEC	TODE IN 12
ADDITIONAL ANGLATO OF THE	ZERO ANL	Chan	
	7	Chan	ge Addition
		Chan	ige 🔲 Addition
	.,). <u>,,,</u> 1	☐ Char	ige Addition

FILED

Apr 22 1997 8:00am

Secretary of State

6.4 CITY-ST-ZIP 4. I do heroby 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.

0413019

Change

Addition