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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90127 035 ***150.00

corporation	MENT # P94000 CORPORATION	084164				
Principal Place	of Business	Mailing Address				
	\	2808 THOMASSON DRIVE				
2808 THOMASSON DRIVE NAPLES FL 33962 NAPLES FL 33982						
220	~~•			DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualifed		
	<u></u>			11/17/1994		
	lace of Business	2a. Mailing Address	. ^	4. FEI Number	h	olied For
	80 TERRACE AVE		RACE AUE	65-0566997	\$8.75 A	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Rec	guired
22 B City & State		27		6. Election Campaign Financing	\$5.00	
	APLES FL	28 NAPLES	Fi.	Trust Fund Contribution	Added to	
Zip 341	Country	Zip ₂	Country 30 OLLIER	This corporation owes the current year In Personal Property Tax.		□No
24 0 1 1	9. Name and Address of Currer			10. Name and Address of New Registered	Agent	
			81 Name			
CHARLES A. MURRAY, P.A.				dress (P.O. Box Number is Not Acceptable)		
1300 3RD ST. SOUTH			02 Street Aut	Bless (F.O. DOX Number is Not Acceptable)		
SUIT	E 302-B		83			_
NAP	LES FL 33940		84 City		85 Zip C	ode
, i				Fl	- ' '	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was all	inorized by the cornoral	poration submits this statement for the purpose o tion's board of directors. I hereby accept the appo	f changing its i intment as reg	registered pistered
SIGNATURE	Signature, typed or printed name of registered age	at and title if applicable (NOTE-1	Registered Agent signature requi	red when reinstation) DATE		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	ACKERMAN, DELBERT H		1.2 NAME			ĺ
STREET ADDRESS	875 GULFSHORE BLVD. S.		1.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 33940		1.4 CITY-ST-ZIP			
TITLE	VP	☐ DELETE	2.1 TITLE	-	Change	☐ Addition
NAME	BRIDENTHAL, JACK W		2.2 NAME			,
STREET ADDRESS	3709 SPRINGWOOD DRIVE		2.3 STREET ADDRESS			
-GITY-ST-ZIP	NAPLES FL-33942		- 2.4 CITY-ST-ZIP		<u> </u>	
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			. [
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP	and delices address recovery and the second		. Addition
TITLE		☐ DELETE	4.1 TITLE		☐ Change	
NAME			4. 2 NAME			
STREET ADDRESS			4 3 STREET ADDRESS	·		
CITY-ST-ZIP		T) DELETE	4.4 CITY-ST-ZiP		Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			
NAME				•		ļ
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			ŀ
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		Change	Addition
TITLE		☐ NETELE	6.2 NAME			
NAMÉ			6.3 STREET ADDRESS	•		
STREET ADDRESS						
CITY-ST-ZIP	1		6.4 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 conformation or the reserver 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 or an attachment with an address with all other like empowered.

SIGNATURE:

774.7070