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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

### Solite Apt. #, etc.    City & State   Country   Country		MENT # P940( PRENT STROKES GOLF &		)			
MAPLES FL. 39892   MAPLES FL. 39892   S.	Principal Place of Business Mailing Address					L IMPRIMAND THE LOTES DEVIL MARKS POLICE PRESTE ARISES AND THE	EKDÜL DIÇDI IBIRA IDDI EDDI
11/16/1994	NAPLES FL		NAPLES FL 33963	NAPLES FL 33963			
Applied For   Applied Applied For   Applied For   Applied For   Applied For   Applied Applied For   Applied Applied For   Applied For   Applied For   Applied For   Applied Applied For   Applied Fo							
Suite, Apt. #, etc.    Suite, Apt. #, etc.   27	2. Principal I	Place of Business	2a. Mailing Address				Applied For
Sulic, Apt. #, etc.  Sulic, Apt. #, etc.  Cry & State  ARISTIZABAL, SHELLY  6014 WESTBOURS DR  NAPLES FL 33962  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. Thereby society this appointment es registered office or registered agent, and terminals with, and accorpt the colopilations of, Section 607.8505, Florids Statutes.  SIGNATURE  SIGNATURE  12. OF FIGHERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D ARISTIZABAL, SHELLY  6014 WESTBOURSH DR.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. Cry - 57 - 2P  15. TITLE  D CHANGE  15. STATE ADDRESS  COPY - 57 - 2P  16. TITLE  D CHANGE  15. STATE ADDRESS  COPY - 57 - 2P  16. TITLE  D CHANGE  15. STATE ADDRESS  COPY - 57 - 2P  16. TITLE  D CHANGE  15. STATE ADDRESS  COPY - 57 - 2P  16. TITLE  D CHANGE  15. TITLE  D CHANGE  16.	21		26			65-0535283	<del></del>
City & State   City	Suite, Apt	. #, etc.	— <u> </u>				
28		te					
ARISTIZABAL, SHELLY 6014 WESTBOURG DR NAPLES FL 33962  11. Pursuant to the provisions of Soctions 607 0502 and 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Horida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Horida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Horida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Horida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Horida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Horida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Horida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the purpose of changing its registered agent.  Intel	Zip 24	25	29		ntry	Personal Property Tax due June 30.	Yes No
ARSTIZABAL, SHELLY  6014 WESTBOURGE OR  NAPLES FL 33962  82 Street Address (P.O. Box Number is Not Acceptable)  83 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the Static of Florida. Such change was subtorized by the corporation's board of directors. I hereby accept the appointment are registered agent, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature in familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DELETE  1.1 TITLE  DELETE  1.1 TITLE  ARSTIZABAL, SHELLY  STREET ADDRESS  6014 WESTBOURGH DR.  1.3 STREET ADDRESS  6014 WESTBOURGH DR.  1.3 STREET ADDRESS  6014 WESTBOURGH DR.  1.4 City - ST- Zip  DELETE  2.1 TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  DELETE  4.1 TITLE  DELETE  3.1 TITLE  DELETE  4.1 TITLE  DELETE  3.1 TITLE  DELETE  4.1 TITLE  DEL		<del></del>	rent Registered Agent		#1 Name		gent
NAPLES FL 33982  83  84 City FL 85 Zip Code  11. Pursuant to the provisions of Socitions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and eccept the objections of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature hyped or puriod name of registered agent and size if Agentativity.  Signature hyped or puriod name of registered agent and size if Agentativity.  TITLE  DELETE  11 TITLE  ARSTIZABAL, SHELLY  8014 WESTBOURGH DR.  NAPLES FL 33982  14 CITY ST ZIP  12 NAME  13 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  31 TITLE  DELETE  32 NAME  33 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  34 COTY-ST-ZIP  DELETE  35 TITLE  DELETE  35 TITLE  DELETE  35 TITLE  DELETE  35 TITLE  DELETE  DELETE  TOTA  TOT					1100000		
State   City   FL   State					82 Street	Address (P.O. Box Number is Not Acceptable)	
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SIGNATURE   Signature. Pyped or printed name of tragistaries agent and later if application   (NOTE Registered Agent expirator required when reinstating)   DATE					84 City	FL	85 Zip Code
TITLE		Signature, typed or printed name of registered	Agent and title if applicable (NX			e required when reinstating) DATE	
ARSTIZABAL, SHELLY   12 NAME   13 STREET ADDRESS							
STREET ADDRESS   6014 WESTBOURGH DR.   13 STREET ADDRESS		1 -	☐ DETEIF				Change Addition
CITY-ST-ZIP							i
TITLE							Į.
NAME   22 NAME   23 STREET ADDRESS   23 STREET ADDRESS   24 CITY-ST-ZIP		IVAPLES PL 33902	DELETE				Change Addition
23 STREET ADDRESS   2.4 CITY-ST-ZIP							
CITY-ST-ZIP		}		- 1			{
TITLE							İ
33 STREET ADDRESS   34 CITY - ST - ZIP   34 CITY - ST - ZIP			DELETE				Change Addition
STREET ADDRESS   STRE	NAME	l		3.2 NA	ME	į	į
TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME </td <td>STREET ADDRESS</td> <td></td> <td></td> <td>3.3 ST</td> <td>REET ADDRESS</td> <td></td> <td></td>	STREET ADDRESS			3.3 ST	REET ADDRESS		
A.2 NAME							
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CITY-ST-ZIP         44 CITY-ST-ZIP           TITLE         DELETE         51 TITLE         Change         Addition           NAME         52 NAME	<u>-</u>						]
TITLE DELETE 51 TITLE Change Addition  NAME 52 NAME							
NAME 5.2 NAME			Deitre				Change Addition
			C DECEIF				T CHRUIDS
				4			ļ

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 corporation by the received or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 is changed, or on an authorizing which many than address.

5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

TITLE

DELETE

**FILED** 

May 12 1998 8:00am

Secretary of State

941,714865

Addition