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PROFIT CORPORATION . ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90092 045 ***150.00

DOCUMENT # 1. Corporation Name	P94000085764
DIOV DOLING A 400	COLUTED INC

DICK BRUNO & ASSOCIATES, INC.

Principal Place of Business Mailing Address						7	I FAMILANI CIM IMILI MENIL MANIL A	8111 98 211 9810 1	(B18) B1017 10010	Trick Right (Mb)	
400 5TH AVE S	·	300 5TH AVE S									
SUITE 202		SUITE 300					DO NOT WE	ITE IN THIS	CDACE		
NAPLES FL 341	02	NAPLES FL 34102				<u> </u>	DO NOT WRITE IN THIS SPACE				
US	•	US				3.	Date Incorporated or Qualifed	,			
							11/28/1994				
2. Principal Pl	lace of Business	2a. Mailing Address				4.	FEI Number		Api	plied For	
21		26					65-0538628		No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				1_			\$8.75 A	dditional	
22		27	27			5.	Certifcate of Status Desired		Fee Re	quired	
City & State	e	City & State				6.	Election Campaign Financing		\$5.00	Mav Be	
23	-	28				•	Trust Fund Contribution		Added to		
Zip	Country	Zip	<u> </u>				This corporation owes the cur	rent vear Int	angible	~	
24	25	29 30		•		•	Personal Property Tax.	, , , , , , , , , , , , , , , , , , , ,		□No	
	9. Name and Address of Current Registered Agent					10.	Name and Address of New	Registered	Agent		
	<u> </u>			81	Name						
BRU	NO, RICHARD D.		Ĺ								
300 5TH AVE S			[:	82	Street Addr	ress (P	O. Box Number is Not Accept	table)			
SUITE 408											
NAPLES FL 34102		[]	83								
NAP	LES FL 34102		t	84	City				85 Zip C	ode	
					•			<u>FL</u>			
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607,1508, Florida Statutes,	, the abo	ove-	named corp	oration	n submits this statement for the	e purpose of ept the appoi	changing its ntment as red	registered pistered	
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Florida	a Statut	tes.	ie corporatio	0(, 0 00	ALIG OF GROOM TO THOROUGH			,	
SIGNATURE											
	Signature, typed or printed name of registered age	· · · · · · · · · · · · · · · · · · ·	<u> </u>	gent s	signature require			DATE			
12.	OFFICERS AN	ID DIRECTORS	13.				ADDITIONS/CHANGES TO O	FFICERS AN			
TITLE .	PD	☐ DELETE	1.1 TITLE		1			. :	🛬 Change	Addition	
NAME	BRUNO, RICHARD D	İ	1.2 NAME			1					
STREET ADDRESS	REET ADDRESS 300 5TH AVE S, SUITE 408		1.3 STR	STREET ADDRESS							
CITY-ST-ZIP	NAPLES FL 34102 1.4 C		1.4 CIT	TY-ST-ZiP							
TITLE	SD	☐ DELETE	2.1 TITLE		_ [_			Change	☐ Addition	
NAME	BRUNO, MARGO F.		2.2 NAN	ΛE	1						
STREET ADDRESS			2.3 STR	EET A	ODRESS						

NAPLES FL 34102 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP . Addition Change □ DELETE 6.1 TITLE TTLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 copporation or the receiver or rustee 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 apachment with an address, with all other like empowered.

SIGNATURE: