1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90153 002 ***150.00

i. Corporation	MENT # P94000 NAME INTERPRISES, INC.	0088821			
Principal Place	e of Business	Mailing Address		- INTINDALIEN LEN BEIN OLDIE DOUR CONS CONTR	S INSIDE THINK SHELD HINDS TON SOME
1083 N COLLIE		1083 N COLLIER BLVD			
MARCO ISLAND FL 34145 MARCO ISLAND FL 34145				50 MOT MOTE IN THE	202405
US		US		DO NOT WRITE IN THIS	SPACE
				3. Date incorporated or Qualifed	
0.0: :-10	Land Barbara	2a. Mailing Address		12/07/1994 4. FEI Number	Applied For
	lace of Business	26. Walking Address		65-0546249	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional
22	,, 5.5	27		5. Certifcate of Status Desired	Fee Required
City & Stat	e	City & State	, , , , , , , , , , , , , , , , , , ,	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	
24	25	29 30	0	Personal Property Tax.	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered	Agent
W(L)	TE JOUNT D		81 Dough	as R. Voris	. '
WHITE, JOHN P			82 1083 1	North Collier Blvd.	'
2500 N. TAMIAMI TRAIL			83		4
SUITE 112 NAPLES FL 33940			1 1	Telend III 24146	
HAI	LES 1 E 30340		84 Marco	Island, FL 34145	
office or r	registered agent, or both, in the State m fapmar with, and accept the oblig the state of the sta	e of Florida. Such change was autriations of, Section 607.0505, Florid CO — House and title if applicable. (NOTE: Re	Tonzed by the corporation of the statutes. ZESIDIENT egistered Agent signature require		77
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE	D	☐ DELETE	1.1 TITLE		
NAME	VORIS, DOUGLAS R		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
City-St-ZiP	MARCO IS	☐ DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	D NORIO MARIOA A	[_] DEFEIE	2.1 TITLE		
NAME	VORIS, MARICA A		2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL		2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change · * ☐ Addition
TITLE			3.2 NAME		
NAME STREET ADDRESS			33 STREET ADDRESS		1
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		}
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	• • •	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS)
CITY-ST-7IP	ł		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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99

(941)642 - 0011 Daytime Phone # 2E034 (11/98)