FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



on this armua' report

with an address

Daytime Phone #

appears in Block 12 or B

SIGNATURE:

FLORIDA DEPARTMENT OF STATE Saridra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #

DOKAMANAAAAA (7)

	11	33000020001	11	ı
. Согражаногі Магне			•	,

SVOBODA REALTY HOLDINGS, INC. Principal Place of Basiness Mailing Address 2011 PINE RIDGE RD 2011 PINE RIDGE RD NAPLES FL 33942 NAPLES FL 33942 3. Date Incorporated or Qualified 3a. Date of Last Report 03/07/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0586 375 Not Applicable 21 26 Suite, Apt. #, etc. \$8,75 Additional Slite, Apt. #. etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s 199.032, Etorida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BAVIELLO, MICHAEL A JR. 82 Street Address (P.O. Box Number is Not Acceptable) 1025 FIFTH AVE N 83 NAPLES FL 33940 84 City 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 State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE DATE Superator in type of the procted manner of regenters leaguest and this it apply sales. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE ☐ Change ☐ Add-tion THE 1 1 1 I I I I SVOBODA, BRIT E NAME 1.2 NAME CR2E034 2611 CITRUS LAKE DR #202 1.3 STREET ADDRESS STELL ALORESS NAPLES FL 33942 1.4 CHY - ST- ZIP Citiy - St., Zif Change ☐ Addition DELETE 2.1 DILE 11f · F SVOBODA, DOLF W NaMo 2.2 NAME 3710 FIRST AVE SW 2.3 STREET ADDRESS \$18011 **49**98656 NAPLES FL 33964 24 CITY-ST-ZIP OUTY ST. ZIE Change DELETE Addition III. F 3 1 THEF 32 NAME 3.3 STREET ADDRESS STREET AUGRESS 3.4 City - St - 7IP $C(1) \cdot S \to Z(r)$ ☐ Change DELETE Addition Addition 4.1 Table THE 4.2 NAME NO.48 4.3 STREET ADDRESS STREET ASSORTS CLY SI ZP 4.4 CITY - ST - ZIP Addition Change DELEJE 5 1 TITLE 1000 NW 5.2 NAME 5.3 STHEET ADDRESS SURLET ADDRESS OFF SEZE 54 CITY - ST - ZIP DELETE ☐ Change Addition 1,111 6 1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6 4 CITY - ST - ZIP 0th - \$1 - 7th ing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under refreseiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name I do hereby certify that the informat certify that the information included oath; that I am an officer og directo on supplied with this f