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**

DOCUMENT # P95000020007 (7)

SVOBODA REALTY HOLDINGS, INC. Principal Place of Business Mailing Address 1951 PINE RIDGE RD 1951 PINE RIDGE RD NAPLES FL 34109 NAPLES FL 34109 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/07/1995 2. Principal Place of Business 4. FEI Number Applied For 65-0586375 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Ζip 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes Yes 25 9. Name and Address of Current Registered A 10. Name and Address of New Registered Agent Name **EDWARDS, DIAN** 1951 PINE RIDGE RD 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34109 83 84 City 85 Zip Code 11. Pursuant to the provisions of office or registered agents of 603 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in the Sine of Florida. Such chango was authorized by the corporation's board of directors. I hereby accept the appointment as registered of the objection 607.0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TILE 11 TITLE SVOBODA, BRIT E HALLE 1.2 NAME 2611 CITRUS LAKE DR #202 STREET ADDRÉSS 1.3 STREET ADDRESS NAPLES FL 33942 CITY-ST-2W 1.4 CITY-ST-ZIP BELETE ☐ Change Addition 21 TITLE TITLE SVOBODA, DOLF W MALE 22 NAME 3710 FIRST AVE SW STREET ADORESS 2.3 STREET ADDRESS NAPLES FL 33964 CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ DELETE Change ☐ Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Channe Addition TITLE 4.1 TITLE MALE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition 5.1 TITLE TITLE NAME 5.2 NAME **STREET ADDRESS** 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETÉ Change Addition TITLE 6.1 TITLE NALE 6.2 NAME

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 of supplemental annual report if 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 recoiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if charged, or togen attactment within address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

May 08 1998 8:00am

Secretary of State