

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

FILED  
Feb 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000073252 (5)

1. Corporation Name

COMBINED MANAGEMENT AND BUSINESS SERVICES, INC.



Principal Place of Business

127 WICKLIFFE DRIVE  
NAPLES FL 33942

Mailing Address

127 WICKLIFFE DRIVE  
NAPLES FL 34110-1358

2. Principal Place of Business

21 127 WICKLIFFE DRIVE

Suite, Apt. #, etc.

22 City & State

23 NAPLES, FL

Zip

24 34110

Country

25 U.S.

2a. Mailing Address

26 127 WICKLIFFE DRIVE

Suite, Apt. #, etc.

27 City & State

28 NAPLES, FL

Zip

29 34110

Country

30 U.S.

3. Date Incorporated or Qualified

09/20/1995

3a. Date of Last Report

04/16/1996

4. FEI Number

65-0610661

Applied for

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

SVOBODA, RITA Y  
147 WICKLIFFE DRIVE  
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name

SVOBODA, RITA Y.

82 Street Address (P.O. Box Number is Not Acceptable)

127 WICKLIFFE DR.

83

84 City

NAPLES

FL

85 Zip Code

34110

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Rita Y. Svoboda*

(If Officer or Registered Agent signature required when reinstalling)

1/31/97

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P  
SVOBODA, RITA Y.  
127 WICKLIFFE DRIVE  
NAPLES FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V  
TORRELLA, TERESA A.  
127 WICKLIFFE DRIVE  
NAPLES FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

*Rita Y. Svoboda*

1/31/97

941  
592-0664

CR2E034 (9/96)