

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90143 026 ***150.00

DOCUMENT # P95000085179

1. Corporation Name
COSTANTINI HOMES, INC.



Principal Place of Business
3363 TAMiami TRAIL NORTH
NAPLES FL 33940

Mailing Address
3363 TAMiami TRAIL NORTH 3359 Tamiami Trail
NAPLES FL 33940 Naples, FL 34103

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 515 10TH AVE. N.
Suite, Apt. #, etc.

2a. Mailing Address
26 515 10TH AVE. N.
Suite, Apt. #, etc.

22 City & State
23 Naples, FL
24 Zip 34108 25 Country USA

27 City & State
28 Naples, FL
29 Zip 34108 30 Country USA

3. Date Incorporated or Qualified
11/03/1995

4. FEI Number 65-0671909
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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

COSTANTINI, DOMENIC
3363 TAMiami TRAIL NORTH
NAPLES FL 33940
515 10TH AVE. N
NAPLES, FL 34108

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME CONSTANTINI, DOMENIC
STREET ADDRESS 3363 TAMiami TRAIL N
CITY-STATE-ZIP NAPLES FL

TITLE M
NAME ROBERTS, CHARLES
STREET ADDRESS 781 4TH STREET SE
CITY-STATE-ZIP NAPLES FL 34117

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 513 1875