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 # P96000013909 (2)

M R DEVELOPMENT CORP. OF NAPLES, INC.

FILED Jan 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						1911# 1#110 ##19# 1#39 1##0
130 7TH STREET N.W. 130 7TH STREET N.W. NAPLES FL 34120 NAPLES FL 34120					DO NOT WRITE IN THIS S	PACE
					3. Date Incorporated or Qualified	
					02/14/1996	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21		26			65-0578126	Not Applicable
Suite, Apt.		Sulte, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		Zip	Zip Country		8. This corporation owes or has paid the current year Intangible	
24	25	29 30			Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered A	gent
I .	CHARZ, MARK		8.	Name		
1	37 42ND STREET S.W. PLES FL 33999		82 Street Add		ress (P.O. Box Number is Not Acceptable)	
	. 225 12 0000		8:	3		
			84		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 register 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 Mark Richarz, President manh Ruch 1-8-98						
			E: Registored As	gent signature requ	red when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
12.	D OFFICERS A	DELETE	1.1 TITLE			Change Addition
NAME	RICHARZ, MARK	_ 5255-1	1.2 NAME	i	•	
STREET ADDRESS	1737 42ND STREET S.W.			T ADDRESS		
CITY-ST-ZIP	111 70 71 2222		1.4 CITY-			
TITLE			2,1 TITLE			Change Addition
NAME (-	2.2 NAME	.		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			2, 4 CITY			
TITLE			3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP	TY-ST-ZIP		3,4, CITY-ST-ZIP			
TITLE		DELETE	4,1 TITLE			Change Addition
NAME			4. 2 NAME	:		
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE		DELETE	5,1 TITLE			Change Addition
NAME .			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			İ
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY-ST-ZIP			6.4 CITY-	ST-ZIP		
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I nereby ceruly that the information supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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: