## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporatio	EA CORP.	J017597 (1)				101 1184 1184 8141 1011 1101 1101
Principal Place of Business Mailing Address						1385   16 <b>5</b> 01   1888   1010   1010   1080   1080
% 4800 AIRPORT ROAD NORTH % 4800 AIRPORT ROAD NO NAPLES FL 33942 NAPLES FL 33942			NORTH			,
					DO NOT WRITE IN T  3. Date Incorporated or Qualified  02/23/1996	HIS SPACE
2. Principal P	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21		26	26		65-0692295	Not Applicable
<del></del>		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			o, commone of cities position	Fee Required
City & Stat	te	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip		ntry	8. This corporation owes or has paid the	
24	25	29	30	<b>,</b>	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New Register	ed Agent
GRANT, RICHARD C				Name		
5551 RIDGEWOOD DRIVE				82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
SUITE 501				83		
NAPLES FL 33963				"		
				84 City		85 Zip Code
SIGNATURE				red Agent signature requ	ration submits this statement for the purpose of on's board of directors. I hereby accept the ap	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TC	rLE		Change Addition
NAME	VILLARAZA, F. ARTHUR		1.2 N/	ME		
STREET ADDRESS	118 CORDILLERA STREET, MI		1.3 ST	REET ADDRESS		
CITY-ST-ZIP	METRO MANILA, PHILIPPINES	**		TY-ST-ZIP		
TITLE	D	DELETE	2.1 Ti	ł		Change Addition
NAME	VILLARAZA, SALVACION L	LINETIAN ARTS	2.2 N/	1		
STREET ADDRESS	116 CORDILLERA STREET, MI METRO MANILA, PHILIPPINES		- 1	REET ADDRESS		***
CITY-ST-ZIP TITLE	METHO MANICA, PHICIPPINES	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	3.1 Tr	TY-ST-ZIP		
NAME		L_] DELETE	3.1 H	l		Change Addition
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZiP	[		1	reet Address   ry-st-zip		
TITLE		DELETE	4.1 TI			Change Addition
NAME		[_] 000016	4.2 N			L Change L Addition
STREET ADDRESS			•	REET ADDRESS		
City-ST-ZIP				ry-ST-ZiP		
TITLE		DELETE	5.1 TI			Change Addition
NAME		PT Setrife	5.2 NA	ME		
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP	,			TY-ST-ZIP		
TITLE		DELETE	6.1 TI			Change Addition

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 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 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 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 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 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 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 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 certification indicated on the same legal effect as if made under certification indicated on the same legal effect as if made under certification indicated on the same legal effect as if made under certification indicated on the same legal effect as if made under certification indicated on the same legal effect as if made under certification indicated on the same legal effect as if made under certification i

1/11/02 Sept 1/20 UIRI D

6.2 NAME

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

**FILED** 

Oct 01 1998 8:00am

Secretary of State