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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000019251 (3)

NRB CONSTRUCTION & DEVELOPMENT, INC.

4500 EXECUT SUITE 300 NAPLES FL 3 US	· ; <del>-</del>	4500 EXECUTIVE DRIVE SUITE 300 NAPLES FL 33999			DO NOT WRITE IN THIS  3. Date Incorporated or Qualified  03/01/1996	SPAC	Ē		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 39 - 343 708	7	Ar	plied For	
26		26	_		APPHED FOR	1	<del></del>	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Addition Fee Regulred				
City & State	9	City & State			8. Election Campaign Financing Trust Fund Contribution	\$	5.00	May Be	
Zip	Country 25	Zip 29	Country 30	у	This corporation owes or has paid the c     Personal Property Tax due June 30.	urrent y	_	angible No	
	9. Name and Address of Curren		1551		10. Name and Address of New Registered	Ageni			
SA	LVATORI, LEO J		81	Name					
4501 TAMIAMI TRAIL NORTH			82	82 Street Address (P.O. Box Number is Not Acceptable)					
	SUITE 300								
NAPLES FL 33940-3060			83	•					
			84	City	FI	85	Zip (	Code	
office or r agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation Stgnature, typed or printed name of registered age	of Florida, Such change was ations of, Section 607.0505, Fl	authorized b lorida Statute	y the corpor s.	orporation submits this statement for the purpose ration's board of directors. I hereby accept the appuisation of the purpose ration's board of directors. I hereby accept the appuisation of the purpose ration of the purp	pointm	ent as	registered	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN				
TITLE	P	☐ DELETE	1.1 TITLE	ļ			hange	Addition	
NAMÉ	HARDY, ROBERT S.		1.2 NAME						
STREET ADDRESS	4500 EXECUTIVE DR. #300			T ADDRESS					
CITY-ST-ZIP	NAPLES FL 34119	DELETE	1.4 CHY-5	ST-ZIP		<u> </u>	hono:	# id altit = -	
TITLE	Ab	☐ DETEIF	2.1 TITLE				nange	Addition	
NAME STREET ADDRESS	HOWELL, SHANNON 4500 EXECUTIVE DR. #300		2.2 NAME	T ADDRESS					
CITY-ST-ZIP	NAPLES FL 34119		2.3 STREE 2.4 CITY-						
TITLE	VP	DELETE	3.1 TITLE	31.41			hange	Addition	
NAME	RABAN, KEN	_ :	3.2 NAME				•		
STREET ADDRESS	4500 EXECUTIVE DR. #300		3.3 STREET	T ADDRESS					
CITY-ST-ZIP	NAPLES FL 34119		3.4. CITY-	ST - ZIP					
TITLE	S	DELETE	4.1 THILE			☐ C	hange	Addition	
NAME	K <b>e</b> lly, Janet P		4. 2 NAME						
STREET ADDRESS	4500 EXECUTIVE DR. #300		4.3 STREET	ADDRESS					
CITY-ST-ZIP	NAPLES FL 34119		4.4 CITY - S	ST-ZIP					
TITLE	T_	DELETE	5.1 TITLE		· -		hange	☐ Addition	
NAME	KELLY, JANET		5.2 NAME						
STREET ADDRESS	4500 EXECUTIVE DR. #300		5.3 STREET	LADORESS					

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 any attachment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

3/5/50 /6111597011

Change

☐ Addition

**FILED** 

Apr 29 1998 8:00am

Secretary of State