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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FILED Mar 10 1998 8:00am Secretary of State

1. Corporation	OTTE HARBOR CLAM COMP	• •) 1 0.0 111	181 148 19148 81111 84111	18/11 48 111 66 118 118	: 	## ## # ## ##
Principal Place	n of Business	Mailing Address								/// 45 // / 45 //
7290-424 COLLEGE PARKWAY 7290-424 COLLEGE PARKWAY FORT MYERS FL 33907 FORT MYERS FL 33907							TO NOT	WRITE IN THIS	SDACE	
					 	Date Inc	corporated or Qua		OFACE	·
!					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	03/07	· .			
	ace of Busines	2a. Mailing Address	. 0	ſL.		, FEI Num	nber			pplied For
21 (8) (Suite, Apt.	College Parkway	26 7181 Colleg	e ra	eku)ay	65-0	651099			ot Applicable
22 Suite	· 38	Suite 38				5. Certifica	ite of Status Desir	ed 🗀	Fee R	Additional equired
City & State	Myers, I-L	27 Suite 38 City & State 28 Food Mytes, 710	FL				Campaign Finand Contribution	oing 🔲		May Be to Fees
^{Ζιρ} 3390	Country	F 3 20 € F	Country	20] 6		poration owes or	•		∟ , .
24 3390	9 Name and Address of Current		1 000	J1 1			I Property Tax due nd Address of N		∐ Yes ∠ I Agent	No
CO	RPORATION SERVICE COMPANY		81	Name					<u></u>	
4004 114 VO OTDECT					Address	fress (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32301-2525				0110017						
			63							
			84	City					85 Zip	Code
44 Purcuant t	to the provisions of Sections 607 0502	and CO7 16/08 Florida Statutos	the above	hamad	Corporati	on submits	this statement for	r the purpose r	of changing i	te registered
11. Pursuant t	o the provisions of Sections 607.0502 ogistered agent, or both, in the State on in familiar with, and accept the obligat	of Florida Such change was auth	horized by	the corp	poration's	board of	directors. I hereby	accept the ap	pointment as	registered
	m lamıllar witti, and accept the obligar	ons of, Section burses, in and	ia Statutos	•						
SIGNATURE ,	Signature, typed or printed name of registered agent	and title if applicable (NOTE Fi	egistered Ager	nt signature	e required wh	en reinstating)		DATE		
12.	OFFICERS AND		13.			ADDITIO	NS/CHANGES TO	OFFICERS AN		
TITLE	D	☐ DELETE	f.1 TITLE						Change	Addition
NAME	SCHWARTZ, STEPHE L		1.2 NAME		-1.01	Cillen	e Parkway	Suite	ЗЕ.	
STREET ADDRESS	7290-424 COLLEGE PARKWAY		1.3 STREET					33907		
CITY-ST-ZIP TITLE	FORT MYERS FL 33907	DELETE	1.4 CITY-ST 2.1 TITLE	- ZIP	<u>rt. 11</u>	MARGE.	Florida	23701	Change	Addition
NAME	VAN CLIEF, MARY A	_ bectie	2.2 NAME			U				
STREET ADDRESS	7290-424 COLLEGE PARKWAY		2.3 STREET	ADORESS	718/	College	Parkway	, Suite 3	8	
CITY-ST-ZIP	FORT MYERS FL 33907		2 4 CITY-S		Ft. 1	Myers,	CL '	33907		
TITLE		DELETE	3.1 TITLE		 	0			Change	Addition
ŅAME		j	3.2 NAME			-				
STREET ADDRESS		į	3.3 STREET	ADDRESS	1					
CITY-ST-ZIP			3.4. CITY - S	T-21P	ļ		· .			
TITLE		☐ DELETE	4.1 TITLE						Change	Addition
NAME		1	4 2 NAME		1					
STREET ADDRESS		į	4.3 STREET		Į					
CITY-ST-ZIP		DELETE	4.4 CITY-ST 5.1 TITLE	- Z IP	 -				Change	Addition
TITLE NAME		E' DETE	5.1 IIILE 5.2 NAME		}				— Andulac	
STREET ADDRESS		į	5.3 STREET	ADDRESS	1					
CITY-ST-ZIP			5.3 SINCE 17)					
TITLE		DELETE	6.1 TITLE	<u> </u>	†				Change	Addition
NAME			6.2 NAME						-	-
STREET ADDRESS			6.3 STREET	ADDRESS	}					
CITY-S1-ZIP			6.4 CITY-ST							
14. I hereby c	ertify that the information supplied with on this annual report or supplemental	this filing does not qualify for the	he exempt	ion state	ed in Sect	ion 119.07	(3)(i), Florida Stat	utes. I further o	ertify that the	information
officer or o	director of the corporation or the received	ver or trustee empowered to exc	ocute this r	eport as	s required	by Chapte	er 607, Florida Sta	tutes; and that	my name ap	pears in