FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90158 024 \*\*\*150.00

## 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** 

## DOCUMENT # P96000023795

1. Corporation Name

COLE AMERICA DE SOLITHWEST ELORIDA, INC.

GOLI AII	MENION OF GODTIMEST TO	Oniba; iiiQ.				
Principal Place	of Business ·	Mailing Address			E INDIVIDUI IIID ERIN BRINI DATIN BRINI BRINI BRINI BRINI IBREA SINCE BRINE IBREA FRINCE	1001
4380 27TH COURT, SW 4380 27TH COURT, SW UNIT 309 UNIT 309					DO NOT WRITE IN THIS SPACE	
NAPLES FL 33999 NAPLES FL 33999					3. Date Incorporated or Qualifed	
					03/15/1996	į
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For	-
·	ace of business	26			59-3425382 Not Applica	
Suite, Apt. #, etc.		<u> </u>	Suite, Apt. #, etc.		\$8.75 Additiona	
22	.,	27			5. Certifcate of Status Desired Fee Required	
- City & State	<del></del>	City & State	<del></del> -	<del></del>	6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	_ Count	ry	8. This corporation owes the current year intangible	[
24	25	29 3	0		Personal Property Tax.	<del></del>
	9. Name and Address of Current	Registered Agent	8	1 Name	10. Name and Address of New Registered Agent	$\dashv$
CON	STANTINE, TIMOTHY J		°	Name		
4380 27TH COURT, SW			8	2 Street	Address (P.O. Box Number is Not Acceptable)	
UNIT 309			8	3		-
l	LES FL 34116		"	<b>[</b>		
				4 City	FL 85 Zip Code	
l office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	if Florida. Such change was auti	norized b	v the cord	ed corporation submits this statement for the purpose of changing its registere rporation's board of directors. I hereby accept the appointment as registered	ed
SIGNATURE						_
	Signature, typed or printed name of registered agent			jent signature	re required when reinstating) DATE	<del>  </del>
12.	OFFICERS AND DIRECTORS  DELETE		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE	PVST	☐ DELETE	1.1 TITLE			
NAME CONSTANTINE, TIMOTHY J			1.2 NAME 1.3 STREET ADDRESS			\ \ \
STREET ADDRESS	4380 27TH COURT, SW, UNIT 3	509	1.4 CMY-		15	ĺ
CITY-ST-ZIP TITLE	NAPLES FL D	☐ DELETE	2.1 TITLE		☐ Change ☐ Ad	dition
	_	D precie	2.2 NAME			
NAME CONSTANTINE, TIMOTHY J STREET ADDRESS 4380 27TH COURT, SW, UNIT 309				- ET ADDRESS	222	
STREET ADDRESS	NAPLES FL	,	2.4 CITY		~	ľ
CITY-ST-ZIP TITLE	DELETE		3.1 TITLE		☐ Change ☐ Ad-	Idition
NAME			3.2 NAME	<u> </u>		
STREET ADDRESS	rain same a		3.3 STRE	ET ADDRESS	35	1
CITY-ST-ZIP	,		3.4. CITY	-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Ad	dition
NAME			4. 2 NAM	E		
STREET ADDRESS			4.3 STRE	ET ADDRESS	is	
CITY-ST-ZIP			4.4 CITY	-ST-ZIP		
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NAME			5.2 NAM			
STREET ADDRESS			i .	ET ADDRESS	is	
CITY-ST-ZIP			5.4 CITY			4.0141
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Ad	Juluon
NAME			6.2 NAM	E		i

CITY-ST-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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

941-353-1388