

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

FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000046231 (2)**

1. Corporation Name

RONTO DEVELOPMENTS NAPLES, INC.

Principal Place of Business

Mailing Address

**277 NORTH COLLIER BLVD.
2ND FLOOR
MARCO ISLAND FL 33937**

**277 NORTH COLLIER BLVD.
2ND FLOOR
MARCO ISLAND FL 33937**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1996

4. FEI Number

59-3405563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 3185 Horseshoe Dr. S

26 3185 Horseshoe Dr. S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 First Floor

27 First Floor

City & State

City & State

23 Naples, FL

28 Naples, FL

Zip

Country

Zip

Country

24 34104

25 USA

29 34104

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOLOMON, JACK A.
277 N. COLLIER BLVD
2ND FLOOR
MARCO ISLAND FL 34145**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3185 Horseshoe Drive South

83 **First Floor**

84 City

Naples

FL

85 Zip Code

34104

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 registered 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

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **SOLOMON, JACK A**
STREET ADDRESS **277 N. COLLIER BLVD.**
CITY-ST-ZIP **MARCO ISLAND FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **3185 Horseshoe Drive South**
1.4 CITY-ST-ZIP **Naples, FL 34104**

TITLE **VPD** ☒ DELETE
NAME **HARRIS, RAYMOND G.**
STREET ADDRESS **277 N. COLLIER BLVD**
CITY-ST-ZIP **MARCO ISLAND FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **LESPERANCE, ANGELA**
2.3 STREET ADDRESS **3185 Horseshoe Drive South**
2.4 CITY-ST-ZIP **Naples, FL 34104**

TITLE **ST** ☐ DELETE
NAME **WELKS, KAREN E.**
STREET ADDRESS **277 N. COLLIER BLVD**
CITY-ST-ZIP **MARCO ISLAND FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **3185 Horseshoe Drive South**
3.4 CITY-ST-ZIP **Naples, FL 34104**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **TAYLOR, Mark S.**
4.3 STREET ADDRESS **3185 Horseshoe Drive South**
4.4 CITY-ST-ZIP **Naples, FL 34104**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 assignee 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:

Mark S. Taylor Feb. 6, 1998 (941)649-6310

CR2E034 (1097)