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

PROFIT CORPORATION ANNUAL REPORT

	FLORIDA DEPARTMENT OF STATE		
	Sandra B. Mortham		
	Secretary of State		

rtham

FILED May 01 1998 8:00am

7 11 37 3.	1998	7.7	CORPORATIONS	Secretary	of State
1. Corporation	5.1, 7 1 3.1.15	0047525 (6)		
AT PC	DOLS, INC.) ABBINDON NIR IGNIO RUMI BONI GANA BONI GANA	II AHAN OFFIC ON A SIGN FOR T
Principal Plac	no of Pusinosa	Mailing Address			
Principal Place of Business Mailing Address 3300 DAVIS BOULEVARD 3300 DAVIS BOULEVARD			nD		
NAPLES FL		NAPLES FL 33962 US		DO NOT WRITE IN T	HIS SPACE
00		00		3. Date Incorporated or Qualified	
2. Principal F	Place of Business	2a. Mailing Address		05/29/1996 4. FEI Number	Applied For
म		26		65-0683515	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
2		28	T. Courte	Trust Fund Contribution	Added to Fees
Zip	Country 25	Zip 29	Country	 This corporation owes or has paid the Personal Property Tax due June 30. 	e current year Intangible Yes No
~!	g. Name and Address of Curre			10. Name and Address of New Registe	
RK	CE, ROGER B		81 Name		
	O SEAGATE DRIVE		82 Street Ade	dress (P.O. Box Number is Not Acceptable)	
	NTE 203		83		
N/A	VPLES FL 33940				
			84 City	1	FL 85 Zip Code
agent. I a	am familiar with, and accept the oblig		Torida Statutes. OTE: Registered Agent signature requirements	rporation submits this statement for the purpo ation's board of directors. I hereby accept the ured when reinstating)	
12.		NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D D CHOIC	☐ DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	RAUSCH, CHRIS 140 DEBRON DRIVE		1,2 NAME 1,3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33962		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	RAUSCH, DEBORAH		22 NAME		
STREET ADDRESS	140 DEBRON DRIVE		2.3 STREET ADDRESS		
CITY - ST - ZIP	NAPLES FL 33962	DELETE	4 CITY-ST-ZIP		Change Addition
TITLE NAME	KRANTZ, ROBERT		2 NAME		□ change □ Accident
STREET ADDRESS	2584 LONGBOAT DRIVE		3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33942		4, CITY-ST-ZIP		
TITLE		☐ DELETE	I TITLE		Change Addition
KAME	ļ		S NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP TITLE	<u> </u>	DELETE	4 CITY-ST-ZIP		Change Addition
NAME	Ì		5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		5.4 CITY-ST-2IP		
TALE		DELETE	E 1 TITLE		
414445	1	D DECEME	6.1 TITLE		Change Addition
NAME			6.2 NAME		L Change L Addition
NAME STREET ADDRESS CITY - ST - ZIP					L_J Change L_J Addition

indicated on this annual report or supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Fiding Statutes. Further certify that the information indicated on this annual report or suppliemental 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.