## 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

## FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90034 047 \*\*\*150.00

DOCUMENT # P96000051113 SVOBODA COMMERCIAL PROPERTIES, INC. Mailing Address Principal Place of Business 1901 FAIRFAX CIR 1951 PINE RIDGE ROAD STF 103 DO NOT WRITE IN THIS SPACE NAPLES FL 34109 NAPLES FL 33942 3. Date Incorporated or Qualifed 06/12/1996 4. FEI Number Applied For 2. Principal Place of Busine 2a. Mailing Address 65-0672638 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 23 Country Country Zip This corporation owes the current year Intangible Personal Property Tax. 30 29 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 EDWARDS, DIAN 82 O. Box Number 1951 PINE RIDGE RD ( RCE ALLLAX NAPLES FL 34109 83 84 City 165 FL 85 Zip Code 3410 Statutes, the above-named corporation submits this statement for the purpose of changing its registered of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered actions of, Section 607.0505, Florida Statutes. Sections 607 both, in the S SIGNATURE (NOTE: Registered Agent signature required when reinstating) agent and title if applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change 11 TITLE TITLE 12 NAME SVOBODA, BRIT E NAME 1901 FAIREAX CIRcle MADIES FL 3410 1.3 STREET ADDRESS 1951 PINE RIDGE BUAD STREET ADDRES NAPLES EL 30942 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4,4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST-ZIP Change \_\_\_ Addition 6.1 TITLE DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 if the 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 on the preceiver or trustee duploweded to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted, or or an attachment with any address, with all other like empowered.

OFFICER OR DIRECTOR

SIGNATURE:

\_\_\_\_

2/0/99 (741) 591.34