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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000066294 (5)

NAPLES ABACUS, INC.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business Mailing Address 1530 IMPERIAL GOLF COURSE BLVD. 1530 IMPERIAL GOLF COURSE BLVD. #321 DO NOT WRITE IN THIS SPACE NAPLES FL 34110 NAPLES FL 34110 3. Date Incorporated or Qualified 08/06/1996 2. Principal Place of Business 2a. Mailino Address 4. FEI Number Applied For 21 Not Applicable 26 59-3413822 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Žip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. ☐ Yes ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BENNETT, RICHARD K ESQ. 1530 IMPERIAL GOLF COURSE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) #321 83 NAPLES FL 34110 84 City 85 Zip Code 11. Pursuant to the provi office or registered a agent. I am familiar Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the acceptance and acceptance acceptance acceptance and acceptance accept 01-19-08 SIGNATURE CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIFFECTORS 13 DELETE Change Addition TIBLE 1.1 Hitte 800002483298-- 4 NAME WINKELMANN, ANDREA G 1.2 NAME 1530 IMPERIAL GOLF COURSE BLVD.,#321 STREET ADDRÉSS 1.3 STREET ADDRESS -04/09/98 --01005--018 NAPLES FL 34110 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition THTLE 2.1 TITLE ****165.00 ****185.00 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7IP DELETE Addition TITLE 5.1 MHE O. Claw NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP

DELETÉ

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 of 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 of 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 changes, of on an attachment with an address.

Addition

98 APR -2 PM 1:08

SECRETARY OF STATE TALLAHASSEE, FLORIDA