

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 ***Amendment*** \$61.25

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000074888 (4) 1. Corporation Name Restorators of Southern Florida, Inc.		FILED 99 MAR 24 PM 12:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3106 Tamiami Trail North Suite 157 Naples, Florida 34103		Mailing Address	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 09/06/1996		4. FEI Number 57-1053003	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent Alias, Ilan 1700 Royal Circle Naples, Florida 34112	
9. Name and Address of New Registered Agent		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City	
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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P/D NAME Alias, Ilan STREET ADDRESS 1700 Royal Circle CITY-ST-ZIP Naples, Florida 34112		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	
TITLE VD NAME Samedifede Ronald STREET ADDRESS 3106 Tamiami Trail N #157 CITY-ST-ZIP Naples, Florida 34103		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		31 TITLE Treasurer 32 NAME Gomez, Bernabe 33 STREET ADDRESS 3106 Tamiami Trail N #157 34 CITY-ST-ZIP Naples, Florida 34103	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 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.

SIGNATURE: ILAN ALIAS Ilan Alias, President 3/19/99 (941) 643-7254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR