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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000087637 (0)

BUSINESS DEVELOPMENT CORPORATION OF NAPLES, INC.

Principal Place of Business

\$405 W CYPRESS ST SUITE 118 TAMPA FL 33607-1772

● 「 では、「我は一般では、これでは、これでは、これでは、「 」のは、これでは、「 」のは、「 」のは、「 」のは、「 」では、「 」で

Mailing Address

5405 W CYPRESS ST SUITE 118 TAMPA FL 33607-1772 FILED Apr 24 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

1/28198 9412619797

·		·		10/22/1996		
	lace of Business	2a. Mailing Address	CA- David	4. FEI Number	Applied For	
21 2590 Suite, Apt.	GOLDEN GAVE HELLY	26,2590 GOLDEN Suite, Apt. #, etc.	OME TRUY	59-3420016	Not Applicable	
22 10	6	27 / 0 4		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	PLES FL	28 N APLES	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
2 341 ·	Country 25 LJ JA Name and Address of Current	Zip 34105 3	Country	This corporation owes or has paid the Personal Property Tax due June 30. Name and Address of New Register	Yes No	
RILEY, STEVENT BI Name PICHMAN DIGGY AND TO POSS						
3333 HENDERSON BLVD #150				82 Street Address (P.O. Box Number is Not Acceptable)		
JAMPA FL 33809-2938				1640 GOLDEN GATE	. rewy	
•			83 5	uite 206		
			84 City	LADIE (El 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.8502	and 607.1508, Florida Statutes	the above-named co	propagation submits this statement for the purpo	ose 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, typod or Pinted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	0	DELETE	1.1 TITLE	RECIDENT	Change	
NAME	DROSSOS, NICHOLAS A		1.2 NAME	EDWARD A. 2451CQ	4.00	
STREET ADDRESS	5405 W CYPRESS ST SUITE 1	18	1.3 STREET ADDRESS	590 GOWEN GATE P	kuy mily	
CITY-ST-ZIP	#AMPA FL 33607-1772	T pro exc		UAPUEL FL 3410		
TITLE		☐ DELETE	21 TITLE		L. Change . Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	2. 4 CITY-ST-ZIP		Change Addition	
TITLE NAME		C) precie	3.1 TITLE 3.2 NAME		Change C Addition	
}			a ' ' '			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME		_ , _	
STREET ADDRESS		:	5.3 STREET ADDRESS		ļ	
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE	:	DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME	·· •		6.2 NAME			
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		6.3 STREET ADDRESS			
CITY-ST-ZIP	•		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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.						