

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

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90050 002 \*\*\*150.00

0463184

PRGFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000087637**

1. Corporation Name  
**BUSINESS DEVELOPMENT CORPORATION OF NAPLES, INC.**



Principal Place of Business 2590 GOLDEN GATE PKWY 106 NAPLES FL 34105 US	Mailing Address 2590 GOLDEN GATE PKWY 106 NAPLES FL 34105 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 745 12th AVE S. Suite, Apt. #, etc. 22 Ste G City & State 23 NAPLES, FL Zip 24 34102	2a. Mailing Address 26 745 12th AVE S. Suite, Apt. #, etc. 27 Ste G City & State 28 Naples, FL Zip 29 34102	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified 10/22/1996	4. FEI Number 59-3420016	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**RICHMAN, DIEFIK L & ROSS**  
 2640 GOLDEN GATE PKWY  
 SUITE 206  
 NAPLES FL 34105

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ZUSKO, EDWARD A.	
STREET ADDRESS	2590 GOLDEN GATE PKWY #106	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

SEE Attached Ammendment

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: [Signature] DATE: 1/22/99 DAYTIME PHONE #: 941-430-1415

CR2E034 (11/98)

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P96000087637

JAN. -22' 99 (FRI) 14:45 RICHMAN DEIFIK ET AL

TEL: 1-941-434-0339

Amende D

\$161.25

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$500 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000087637</b> 1. Corporation Name <b>Business Development Corporation of Naples, Inc.</b>			
Principal Place of Business <b>2590 Golden Gate Parkway, #106          Naples, FL 34105</b>		Mailing Address _____	
2. Principal Place of Business 21 <b>Same as above</b>		2a. Mailing Address 26 <b>Same as above</b>	
Suite, Apt. #, etc. 22 _____		Suite, Apt. #, etc. 27 _____	
City & State 23 _____		City & State 28 _____	
Zip 24 <b>US</b>		Zip 30 <b>US</b>	
9. Name and Address of Current Registered Agent <b>Donald K. Ross, Jr., Esq.          Richman, Deifik, Lanier &amp; Ross, P.A.          2640 Golden Gate Parkway, #206          Naples, FL 34105</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 _____ 84 City <b>FL</b> 85 Zip Code	
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 (N/A if Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS TITLE <input checked="" type="checkbox"/> DELETE NAME <b>President</b> STREET ADDRESS <b>Edward A. Zysko</b> CITY-ST-ZIP <b>2590 G.G. Pkwy, #106, Naples</b>		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME <b>Joe Flannigan</b> 13 STREET ADDRESS <b>2590 Golden Gate Parkway, #106</b> 14 CITY-ST-ZIP <b>Naples, FL 34105</b>	
TITLE <input type="checkbox"/> DELETE NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME _____ 23 STREET ADDRESS _____ 24 CITY-ST-ZIP _____	
TITLE <input type="checkbox"/> DELETE NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME _____ 33 STREET ADDRESS _____ 34 CITY-ST-ZIP _____	
TITLE <input type="checkbox"/> DELETE NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME _____ 43 STREET ADDRESS _____ 44 CITY-ST-ZIP _____	
TITLE <input type="checkbox"/> DELETE NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME _____ 53 STREET ADDRESS _____ 54 CITY-ST-ZIP _____	
TITLE <input type="checkbox"/> DELETE NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME _____ 63 STREET ADDRESS _____ 64 CITY-ST-ZIP _____	
14. I hereby certify that the information supplied with this filing was not required for the corporation stated in Section 119.07(3)(a), Florida Statutes, to be prepared or included on this annual report or supplemental annual report as 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 on Block 12 or Block 13 of this report, or on an attachment with an address.			
SIGNATURE: <b>J. L. Flannigan</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>12-4-98 941-430-1415</b>	

CHANGES