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

P96000097153 (6)

3863 PROSPECT AVENUE

NAPLES FL 34104

	ANAGEMENT, INC.					
Principal Place of Business		Mailing Address		I AMARINDE AND AND ADDRESS OF THE POST OF THE PARTY OF TH		
3863 PROSPECT AVENUE 3863 PROSPECT AVENUE NAPLES FL 34104 NAPLES FL 34104				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/25/1996		
2. Principal Place of Business		2a. Mailing Add	ess	4. FEI Number 59-344934 B Applied Fo		
21		26		APPLIED FOR Not Applice		
Suite, Apt. #, etc.		Suite, Apt. #	, etc.	5. Certificate of Status Desired See Required Fee Required		
City & State		City & State		6. Election Campaign Financing \$5,00 May B Trust Fund Contribution Added to Fees		
Zip 24	Country 25	Z(p	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
CR	NFT, JAMES W		81 Name			

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 Horida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered

вэ 84 City

Street Address (P.O. Box Number is Not Acceptable)

SIGNATURE	Signature, typed or printed name of registured agent and	The state of the s	E: Registered Agent signature requi			
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Ρ	DELETE	1 1 TITLE	☐ Change	Addition	
NAME	CRAFT, JAMES W		1.2 NAME			
STREET ADDRESS	3863 PROSPECT AVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	:		
TITLE		DELETE	2.1 TITLE	Change	Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE		DEVETE	3.1 TITLE	Change	Additio	
NAME !			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	☐ Change	Additio	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
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NAME			5 2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP		·	
TITLE		DELETE	6.1 TITLE	Change	Additio	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
017 01 710			CARITY CT 70			

14. Thereby 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 cociover of 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 change it or on an attachment with an address.

JAN 5 1998

941-775-7225

FILED

Feb 12 1998 8:00am

Secretary of State

Applied For Not Applicable

Zip Code