## 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 # P96000097270 (8)

LIDO PROFESSIONAL INVESTMENT CORPORATION

Principal Place of Business Mailing Address 4260 S.E. 20TH PLACE 4260 S.E. 20TH PLACE DO NOT WRITE IN THIS SPACE CAPE CORAL FL 33904 CAPE CORAL FL 33904 3. Date Incorporated or Qualified 11/25/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0726339 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 29 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HAMMER, RICHARD 4260 S.E. 20TH PLACE Street Address (P.O. Box Number is Not Acceptable) 63 CAPE CORAL FL 33904 City 84 Zip Code 85 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 Signature, typed or printed hame of registered agent and title it applicable Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition TITLE NAME HAMMER, RICHARD 1.2 NAME 4260 SE 20TH PLACE #703 STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME

CITY-ST-ZIP 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 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.

SIGNATURE:

### ACCURATION STATUTE ST

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

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5.4 CITY - ST-ZIP

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3.4. CITY - ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

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6.1 TITLE

6.2 NAME

DELETE

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CITY-ST-ZIP

TITLE

NAME

TITLE NAME

NAME

**FILED** 

Apr 13 1998 8:00am

Secretary of State

Change

☐ Change

Addition

Addition

Addition