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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000009501

1. Corporation Name

PARK SHORE RESORT HOTEL, INC.

NAPLES FL 34102 NAPLES FL 34102 NAPLES FL 34102 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/27/1997 4. FEI Number 26 Suite, Apt. #, etc. 59-3427663 Suite, Apt. #, etc. 50-3427663 Suite, Apt. #, e	Principal Place of Business	Mailing Address									
2. Principal Place of Business 2. Applied For South, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 4. FEI Number 59-3427663 Not Applicable \$8.75 Additional Fee Required Fee R	1010 TH THE RELIGIOUS GOOD IN A COO			DO NOT WRITE IN THIS SPACE							
Suite, Apt. #, etc. Suite, Apt. #, etc.						01	1/27/1997				
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Principal Place of Business	2a. Mailing Address	s			" -			L		
Suite, Apt. #, etc. Suite, Apt. #, etc.	21	26				59	-3427663				
City & State City & State City & State		<u>├</u>	tc.			5 . Ce	ertifcate of Status Desired		•		
Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Name and Address of New Registered Agent 13. Name 14. Name 15. Street Address (P.O. Box Number is Not Acceptable) 16. Registered Agent 17. 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. 16. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 17. Date Name and Address of New Registered Agent 18. Name Name Address of New Registered Agent 19. Name and Address of New Registered Agent 19. Name Address of New Registered Agent 10. Name and Address of New Registered Agent		City & State				6. Ele	ection Campaign Financing		\$;	5.00 May Be	
Zip Country Zip Country Zip Country Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DEVLIN, ROBERT E 1010 FIFTH AVENUE SOUTH #305 NAPLES FL 34102 82 Street Address (P.O. Box Number is Not Acceptable) 83	23	28				Tre	ust Fund Contribution		A	dded to Fees	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Name and Address of New Registered Agent 13. Name 14. Name 15. Name and Address of New Registered Agent 16. Name and Address of New Registered Agent 17. Name and Address of New Registered Agent 18. Name 18. Name 18. Street Address (P.O. Box Number is Not Acceptable) 18. Acceptable 18. Street Address (P.O. Box Number is Not Acceptable) 18. Acceptable 19. 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. 18. Name 19. Name and Address of New Registered Agent 10. Name and Address of New Registered 10. Name and Address of Ne		Zip	Cou	intry		8. Th	is corporation owes the curre	ent year Inta	angible		
9. Name and Address of Current Registered Agent DEVLIN, ROBERT E 1010 FIFTH AVENUE SOUTH #305 NAPLES FL 34102 82 Street Address (P.O. Box Number is Not Acceptable) 83 FL 84 City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	24 25	29	30			Pe	rsonal Property Tax.		Ye	es 🔼 No	
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10.10 FIFTH AVENUE SOUTH #305 NAPLES FL 34102 82 Street Address (P.O. Box Number is Not Acceptable) 83	DEVI IN DOREDT E			81	Name						
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Signature, typed or printed name or registered agent and upe it applicable. (NOTE: registered agent and upe it applicable.	SIGNATURE	-d accept and title if applicable	(NOTE: Posisteror	1 Anon	henimer enuired	when reinst	tatino)	DATE			
	Official (Special Control of Cont			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				

TORS IN 12 ☐ DELETE ☐ Change Addition 1.1 TITLE TITLE DEVLIN, ROBERT E 1.2 NAME NAME 1010 FIFTH AVENUE SOUTH, #305 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 34102 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change M DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 4.1 TITLE πlΕ 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change 6.1 TITLE ☐ Addition ☐ DELETE TTLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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:

IGNATURE AND TYPED OR PRINTED NAME OF

941-263.6864

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90253 048 ***150.00

CR2E034 (11/98)