

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

FILED

May 05 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P97000010887 (2)

1. Corporation Name

GLOBAL PROPERTIES OF NAPLES, INC.



| | |
|---|---|
| Principal Place of Business 3884 PROGRESS AVENUE NAPLES FL 34104 | Mailing Address 3884 PROGRESS AVENUE NAPLES FL 34104 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|---|--|--|--|
| 2. Principal Place of Business 21. 2154 Trade Center Way Suite, Apt. #, etc. 22. Naples, Florida 34109 City & State 23. Zip 24. 34109 | | 2a. Mailing Address 26. #4 Suite, Apt. #, etc. 27. #4 City & State 28. Zip 29. | | 3. Date Incorporated or Qualified 02/04/1997 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
|--|--|---|--|--|--|

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent DARGAI, LANA K 3884 PROGRESS AVENUE NAPLES FL 34104 | | | | 10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 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

| | | | | | | | |
|-----------------------------------|----------------------|--|--|--|--------------------------|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 1.1 TITLE | President | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | DARGAI, LANA K | | | 1.2 NAME | Lana Kaye Dargai | | |
| STREET ADDRESS | 3884 PROGRESS AVENUE | | | 1.3 STREET ADDRESS | 2154 Trade Center Way #4 | | |
| CITY-ST-ZIP | NAPLES FL 34104 | | | 1.4 CITY-ST-ZIP | Naples, Florida 34109 | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE | D | <input type="checkbox"/> DELETE | | 2.1 TITLE | Vice President | | |
| NAME | GALY, ALBERT J | | | 2.2 NAME | 2154 Trade Center Way #4 | | |
| STREET ADDRESS | 3884 PROGRESS AVENUE | | | 2.3 STREET ADDRESS | Naples, Florida 34109 | | |
| CITY-ST-ZIP | NAPLES FL 34104 | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 3.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | GALY, RONALD L | | | 3.2 NAME | | | |
| STREET ADDRESS | 3884 PROGRESS AVENUE | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | NAPLES FL 34104 | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | Reshey, Kimberly T. | <input type="checkbox"/> DELETE | | 4.1 TITLE | Secretary/Treasurer | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | Secretary/Treasurer | | | 4.2 NAME | Kimberly T. Reshey | | |
| STREET ADDRESS | Registered Agent | | | 4.3 STREET ADDRESS | 2154 Trade Center Way | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | Naples, Florida 34109 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> 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 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: Lana Kaye Dargai, President

4/21/98

941-434-2999

CR2E034 (10/97)