

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000011506 (7)
 1. Corporation Name
NAPLES KART KLUB, INC.



Principal Place of Business 900 6TH AVE SOUTH STE 203 NAPLES FL 34102	Mailing Address 900 6TH AVE SOUTH STE 203 NAPLES FL 34102
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4750 CR 951 Suite, Apt. #, etc.	2a. Mailing Address 26 1500 TERRACE AVE Suite, Apt. #, etc.
22 City & State 23 NAPLES, FLA	27 City & State 28 NAPLES FLA
24 34104 Zip Country 25 U.S.A.	29 U.S.A. Zip Country 30

3. Date Incorporated or Qualified 02/03/1997	4. FEI Number Applied For <input checked="" type="checkbox"/> 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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
SCHWEIKHARDT, WILLIAM
900 6TH AVE SOUTH STE 203
NAPLES FL 34102

10. Name and Address of New Registered Agent
 81 Name **CARL F. ULLRICH**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **1500 TERRACE AVE**
 84 City **NAPLES** FL 85 Zip Code **34104**

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 understand the provisions of Section 607.0505, Florida Statutes.
 SIGNATURE *Carl F. Ullrich* **CARL F. ULLRICH** # **5/1/98** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P.V.P.S
STREET ADDRESS		1.3 STREET ADDRESS	CARL F ULLRICH
CITY-ST-ZIP		1.4 CITY-ST-ZIP	1500 TERRACE AVE
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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	900002532969
STREET ADDRESS		6.3 STREET ADDRESS	-05/22/98--01024--028
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

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 *Carl F. Ullrich* **CARL F. ULLRICH** **4/21/98** **941-436-6660**

CFR2E034 (10/97)