

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

FILED  
Mar 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Wirths Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000015170 (8)

1. Corporation Name

AIME OF COLLIER COUNTY, INC.

Principal Place of Business

4532 TAMAMI TRAIL EAST, SUITE 401  
NAPLES FL 34112

Mailing Address

4532 TAMAMI TRAIL EAST, SUITE 401  
NAPLES FL 34112

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1997

4. FEI Number

605-0738281

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1201 Airport Rd S.  
Suite, Apt. #, etc.  
22 Naples, FL 34112  
City & State

26 1201 Airport Rd S.  
Suite, Apt. #, etc.  
27 Naples FL 34112  
City & State

23 Zip 34112 Country USA

28 Zip 34112 Country FL

9. Name and Address of Current Registered Agent

HOOLEY, JOHN F  
4532 TAMAMI TRAIL EAST, SUITE 401  
NAPLES FL 34112

10. Name and Address of New Registered Agent

81 Name

Nichols, Isaac T.

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

1201 Airport Rd S.

83

84 City

Naples, FL

FL

85 Zip Code

34112

11. Pursuant to the provisions of Sections 607.0602 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 reappointing)

DATE

3/3/98

12. OFFICERS AND DIRECTORS

TITLE CDV ☐ DELETE  
NAME MURRAY, MICHAEL  
STREET ADDRESS 230 ANDERSON ST. #3  
CITY-ST-ZIP HACKENSACK NJ 07601

TITLE PDT ☐ DELETE  
NAME NICHOLS, ANDREW  
STREET ADDRESS 1201 AIRPORT ROAD S.  
CITY-ST-ZIP NAPLES FL 34104

TITLE TD ☒ DELETE  
NAME HOOLEY, JOHN F  
STREET ADDRESS 4532 TAMAMI TRAIL EAST, SUITE 401  
CITY-ST-ZIP NAPLES FL 34112

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, changed, or on an attachment with an address.

SIGNATURE:

Signature of registered agent

12160 911-6135213

CR2E034 (10/97)