

Amended \$61.25  
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
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DOCUMENT #

1. Corporation Name

International Consultants of Naples, Inc.

Principal Place of Business

Mailing Address

1025 Ridge St Naples, FL 34103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

March 1997

4. FEI Number

59-3433132

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 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

Jack Braland  
1025 Ridge St  
Naples FL 34103

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 607.0508, 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

Jack Braland

(NOTE: Registered Agent signature required when reinstating)

5/31/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

President  
Jack Braland  
1025 Ridge St  
Naples FL 34103

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Vice-President  
Pam Baden  
Avalon Pl.  
Ft Myers, FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Secretary  
Gerald Baden  
Avalon Pl.  
Ft Myers, FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Treasurer  
Peggy Braland  
1025 Ridge St.  
Naples, FL 34103

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

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CITY-ST-ZIP

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11 TITLE

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62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change

☐ Addition

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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:

Jack Braland President

5/31/99

CR2E034 (11/98)