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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortifem Secretary of State DIVISION OF CORPORATIONS

P97000025548 (3) DOCUMENT

R & D OF MARINA ISLE, INC.

FILED Feb 06 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address		T I CENTINON THE COURT CONTRACT MATERIAL CONTRACT	li Anglin dialas assail Astili Afans Iadii 9001
25210 MIRA WAY BONITA SPRINGS FL 34134 25210 MIRA WAY BONITA SPRINGS FL 34134			4134	DO NOT WRITE	IN THIS SPACE
				3. Date Incorporated or Qualified	
		21 		03/21/1997	
21 263	35 Augusta cour	26 P.O. B	0x 36612	8 59 - 3437	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State	c (7)	6. Election Campaign Financing	\$5.00 May Be
23 13001	ta Springs FL		Country	Trust Fund Contribution	Added to Fees
Zip 24 341	34 25	29 34135	30	 This corporation owes or has paid Personal Property Tax due June 	V
241 0 11	9. Name and Address of Current		[30]	10. Name and Address of New Reg	
QARLICK, THOMAS B 81 Name					
DODO DELICANI DAVIDIANO CHITE DOC				fress (P.O. Box Number is Not Acceptab	le)
NAPLES FL 34108					
			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. (NOTL: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D OF TOURS AND	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	RUBINTON, JON	C) presid	1.2 NAME		5 N/A
STREET ADDRESS	26210 MIRA WAY		1.3 STREET ADDRESS	0.0. Box 366123	
CITY-ST-ZIP	BONITA SPRINGS FL 34134		1.4 CITY-ST-ZIP	Bonita Springs,	FL 34135
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	DUCHARME, GREGGORY		2.2 NAME		
STREET ADDRESS	7401 BAY COLONY DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34108	· ····-	2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.9 STHEET ADDRESS		
CITY+ST-ZIP TITLE		DELETE	3.4. C/TY - ST - Z/P 4.1 T/TLE		Change Addition
NAME		Dittie	4. 2 NAME		L change L radition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-7IP		j
TITLE		DELETE	5.1 THLE		Change Addition
NAME		_	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	_		5.4 C(1Y-S1-2IP		
TITLE		DELETE	G.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I hereby o	ertify that the information supplied with	this filing does not quality	for the exemption stated in	Section 119.07(3)(i), Florida Statutes. I	urther certify that the information

untal angular report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am ar recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in trachment with an address.