SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORÁTION ANNUAL REPORT

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIF



FLORIDA DEPARTMENT OF STATE Sandra B. Mortifam

Secretary of State DIVISION OF CORPORATIONS

P97000041299 (3)

MICHELANGELO OF NAPLES, INC.

Mailing Address Principal Place of Business 755 12TH AVENUE SOUTH 755 12TH AVENUE GOUTH NAPLES FL 34102 NAPLES FL 34102 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/08/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible Zip Country No Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SIPINKOSKI, GOCE 755 12TH AVENUE SOUTH NAPLES FL 34102 83 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. Florida Statutes. SIGNATURE (NOTE: Registered Agent CR2E034 (5/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS EHOVE LACCHT Change X Addition DELETE 1.1 TITLE . TITLE 1.2 NAME 155 121H ANES NAME SIPINKOSKI, GOCE 755 12TH AVENUE SOUTH 1.3 STREET ADDRESS STREET ADDRESS 11 Aples F1 34102 1.4 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 2.1 TITLE DELETE TITLE 2.2 NAME NAME CIANNI, VALTER 2.3 STREET ADDRESS 755 12TH AVENUE SOUTH STREET ADDRESS 2.4 CITY-ST-ZIP NAPLES FL 34102 CITY-ST-ZIP 3.1 TITLE Addition TITLE DELETE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change 4.1 TITLE ___ Addition TITLE DELETE

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.

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

62NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

Addition

8000026528

***150.00

--0**9**/30/98---01080---**03**3

FILED

Sep 29 1998 8:00am

Secretary of State

Il talked Trevbor about il never gut one · little Thoukyn. Down Courter 9416431821