

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

DOCUMENT # P97000045899

1. Corporation Name

BUILDING TEK ENTERPRISES OF NAPLES, INC.

Principal Place of Business

**5733 DEAUVILLE CIRCLE UNIT G-108
NAPLES FL 34112**

Mailing Address

**5733 DEAUVILLE CIRCLE UNIT G-108
NAPLES FL 34112**

2. Principal Place of Business

21 4973 TRAYNOR COURT

Suite, Apt. #, etc.

22

City & State

23 NAPLES, FL

Zip

24 34112

Country

25 USA

2a. Mailing Address

26 4973 TRAYNOR COURT

Suite, Apt. #, etc.

27

City & State

28 NAPLES, FL

Zip

29 34112

Country

30 USA

9. Name and Address of Current Registered Agent

**ELIAS, MARIA P
5733 DEAUVILLE CIRCLE UNIT G-108
NAPLES FL 34112**

3. Date Incorporated or Qualified

05/22/1997

4. FEI Number

59-3449472

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

10. Name and Address of New Registered Agent

81 Name

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

4973 TRAYNOR COURT

83

84 City

NAPLES

FL

85 Zip Code

34112

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/99

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
NAME ELIAS, OVADIA
STREET ADDRESS 5733 DEAUVILLE CIRCLE UNIT G-108
CITY-ST-ZIP NAPLES FL 34112**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PRESIDENT

1.3 STREET ADDRESS ELIAS, OVADIA

1.4 CITY-ST-ZIP 4973 TRAYNOR COURT

1.5 CITY-ST-ZIP NAPLES, FLORIDA 34112

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-99

(941)

7329635

Date

Daytime Phone #

CR2E034 (1/198)

0455842

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90019 023 ***158.75



DO NOT WRITE IN THIS SPACE