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

P**R**OFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

| | 1998 | DIVISION OF CO | RPORATIO | ONS | 98 JUN -5 AM 10: 31 |
|---|--|-----------------------------|--------------------------------|---|---|
| DOCUMENT # DOZOGO 47577 (6) | | | | | 98 JUN - 3 MILLS |
| DOCUMENT # P97000047577 (6) | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| MARICOPA HARDY REAL ESTATE HOLDINGS, INC. | | | | TALLAHASSEL | |
| | | | | | |
| Principal Plac | e of Business | Mailing Address | | | A PERINAGA PER PONE PERIN ROMA DARIA ROMA BERAN PEREN PERIN MERIN |
| 10621 AIRPORT-PULLING ROAD | | 10621 AIRPORT-PULLING ROAD | | | |
| SUITE ONE | | SUITE ONE | | | DO NOT WRITE IN THIS SPACE |
| NAPLES FL 34109 | | NAPLES FL 34109 | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified |
| | | | | | 05/29/1997 |
| 2. Principal Place of Business | | 2s. Mailing Address | | | 4. FEI Number Applied For |
| 21 | | 26 | | | 59-34988/4 Not Applicable |
| Suite, Apt. #, etc | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired See Regulred |
| City & State | | City & State | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 28 | | 28 | | | Trust Fund Contribution |
| Zip | Country | Zip | Country | | 8. This corporation owes or has paid the current year Intangible |
| 24 | 25 S. Name and Address of Current | 29 3 | 0 | | Personal Property Tax due June 30. Yes No |
| 0.4 | | Hogistored Agent | 81 | Name | 10. Harris alto vocioss of least Degistated Agent |
| | Lvatori, Leo J D1 Ta miami ytrail North | | 82 | Ctrool 6 | Address (P.O. Box Number is Not Acceptable) |
| 1 | ITE 300 | | 02 | SueerA | Address (P.O. Box Number is Not Acceptable) |
| NAPLES FL 34103-N | | | 83 | | |
| | | | 84 | City | 85 Zip Code |
| | | 1007 4000 Ft. 14 Out 4 | | | FL W 25000 |
| 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | |
| SIGNATURE | Signature, type dior printed teams of registered again | Land Me (Lappisable (NOTE F | Registered Age | rl signature r | required when reinstaling) DATE |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | | | 1.1 TOLE | - | 700002539657- G |
| NAME CTREET ADDOLGO | ADDRESS 10621 AIRPORT PULLING RON | | 1.2 NAME 1.3 STREET ADDRESS | | -05/28/9801093001 |
| STREET ADDRESS CITY-ST-ZIP | WAPLES, FL 34109 14 | | 1.4 CITY-S | · 1 | ****338.7S ****150.00 |
| TITLE | VO | DELETE | 2.1 TITLE | | Change Addition |
| NAME | Transport 10 NC14 | m | 2.2 NAME | j | |
| STREET ADDRESS | 10621 BIKPORT PL | MILLION CONTRACTOR | 2.3 STREET | ADDRESS | |
| CITY-ST-ZIP | MAPLES, FL 341 | 09 | 2.4 CHY-5 | 17-71P | |
| TITLE | 1 <i>5TU</i> | ☐ DELFTE | 3.1 TITLE | - | Change Addition |
| NAME Street address | TOLSON, RENTE 10621 NIRPORT PU | 11,NG RO NX/ | 3.2 NAME 3.3 STREET | ADDRESS | |
| CITY-ST-ZIP | | | 3.4. CHY- S | ì | |
| TIFLE | DELETE | | 4.1 TITLE | | Change Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 C(1Y - ST - ZIP | | |
| TITLE | | | 5.1 TITLE | | Change Addilion |
| NAME CARLET ADDRESS | | | 5 2 NAME | ADDOCCO | |
| STREET ADDRESS CITY-ST-ZIP | i i | | 5.3 STREET 5.4 CITY-S | | |
| TITLE | | | 6.1 TITLE | 1 - 211 | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | - 1 | \sim |
| STREET ADDRESS | | | 63 STREET | ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-S | 1 - ZIP | UV |

14. Thereby 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 chapted, or on an attachment with an address

Sec l'Ireas

FILED

U/2/08 DUI 592 7344