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

PROFIT CORPORATION ANNUAL REPORT

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

FILED

May 26 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P97000049127 (8)

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|---|--|-----------------------|---------------------|---------------------|--|---|---------------------------------------|
| 1 = ₁ | • | | | | | | |
| Principal Plac | e of Business | Mailing Address | | | E CONTINUE CEN LANGE LANGE AND IN ANDITE MAINTE | ## # ################################# | ill ibu t ibbt |
| 2708 S. HOR | seshoe dr. | 2706 S. HORSESH | DE DR. | | ! | | |
| NAPLES FL 34104 NAPLES FL 34104 | | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | 3. Date Incorporated or Qualified | HIS SPACE | |
| | ÷ | | | | 06/04/1997 | | |
| 2. Principal F | Place of Business | 2a. Mailing Address | <u> </u> | | 4. FEI Number | TA | oplied For |
| 21 | 26 | | | | 59-3449900 | 2 N | ot Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | .1. | ** | Additional |
| 27 | | | | | 5. Certificate of Status Desired | | equired |
| | City & State City & State | | | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 | 28 | | | | Trust Fund Contribution | | to Fees |
| Zip | Country | Zip | Cour | ntry | 8. This corporation owes or has paid the | e cu <u>rre</u> nt year I <u>n</u> t | langible |
| 24 | 25 | 29 | 30 | | Personal Property Tax due June 30. | | No |
| | Name and Address of Cur | rent Registered Agent | | 81 Name | 10. Name and Address of New Registe | red Agent | |
| | h inŝo n, f. Edward | | i | 81 Name | | | |
| 821 5TH AVE., S., NAPLES | | | | 82 Street Ad | dress (P.O. Box Number is Not Acceptable) | | ··· |
| NA | P les Fl 34102 | | | 63 | | | |
| | e de la companya de l | | l' | 63 | | | |
| | i | | į. | 84 City | | 85 Zip | Code |
| · · · · · · · · · · · · · · · · · · · | | | | | prporation submits this statement for the purporation's board of directors. I hereby accept the | FL C | |
| SIGNATURE | Signature, typed or printed narive of registered | | | Agent signature rec | , | NTE | |
| 12. | OFFICERS / | AND DIRECTORS | 13. E 1.1 Titl | · 1. | ADDITIONS/CHANGES TO OFFICERS | Change | Addition |
| NAME | THOMSON, PATRICK | | 1.1 HIII 1.2 NAI | | lice President | De cusude | Addition |
| STREET ADDRESS | | | 1 | WE. REET ADDRESS | | | |
| | NASSAU, BAHAMAS | 73 FERIOR OT. | - 1 | Y | | | |
| CITY-ST-ZIP TITLE | D DATAMAS | DELE | 1.4 CIT | Y-ST-ZIP | 0 | - Constant | Addition |
| NAME | GRIFFITH, CHRISTIAN S | A | 2.7 NAI | 1 | 1-0010-01-01 | | |
| STREET ADORESS | 275 2ND AVE., S. | | | HEET ADDRESS | | | |
| CITY-ST-ZIP | NAPLES FL 34102 | | | TY-ST-ZIP | | | |
| TITLE " | V | DELET | | E | President | Change | Addition |
| NAME | GREEN, ROGER D | | 3.2 NA/ | ve / | 100000 | •• | |
| STREET ADDRESS | 603 14TH AVE., S. | | | EET ADDRESS | | | |
| CITY-ST-ZIP | NAPLES FL 34102 | | 1 | Y+ST-ZIP | | | |
| TITLE | 81 | ☐ DELET | | | | Change | Addition |
| NAME | BAUS, COLLEEN | | 4. 2 NA | ME | | | |
| STREET ADDRESS | 5528 SHOLTZ ST. | | 4.3 \$16 | REET ADDRESS | | | |
| CITY-ST-ZIP | NAPLES FL 34113 | | | Y-ST-ZIP | | | |
| TITLE | - | ☐ DELET | | | | Change | Additio |
| NAME | <i>t</i> 9 | | 5.2 NA) | AE | | | |
| STREET ADDRESS | ; i | | 5.3 STA | IEET ADDRESS | | | |
| CITY-ST-ZIP | ¥ | | 5.4 C/T | Y-ST-ZIP | | | |
| TITLE | : | ☐ DELET | | | | Change | Addition |

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.

6.3 STREET ADDRESS

6.2 NAME