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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEFARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 21 1998 8:00am

Secretary of State

DOCUMENT # P97000050062 (3)

COMPL	LETE FINANCIAL SERVICES	S OF NAPLES, INC.		I Portugen ing kaun grafi pantu baun grafi dan grafi a	NI NI AB ini ab in a a hit a 1487 (b ai
Principal Plac	e of Business	Mailing Address			
		266 CHANNING COURT		ľ	
NAPLES FL 34110		NAPLES FL 34110		DO NOT WRITE IN THI	S SPACE
ì				3. Date Incorporated or Qualified	3 37.102
ĺ				06/04/1997	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0762050	Not Applicable
Suite, Apt.	#, otc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		6. Certificate of Statos Desireo	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28]		1rust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25 9. Name and Address of Curre		0	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
		ont riegistored Agent	81 Name	IV. Halle and Address of Non Registere	a Agont
	ARK, ANNELIESE		{_}		
	B CHANNING COURT PLES FL 34110		82 Street Add	iress (P.O. Box Number is Not Acceptable)	
i na	PLES PL 34110		83		
			<u></u>		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	the above-named cor		— 1 1
office or r	registered agent, or both, in the Stat am familiar with, and accept the obli	e of Florida, Such change was au	thorized by the corpora	poration submits this statement for the purpose ation's board of directors. I hereby accept the ap-	ppointment as registered
"	an farmaca Print, to it town of the Sprin	ganto to the total control of total property	and officialos.		
) SIGNATURE	Signature type dior printed furnic of registered a	pent and fills Cappis abs (NOTE: I	Registered Agent signature requ	riud when reinslating) DATE	
12.	OFFICERS A	VD DIRI CTORS	13.	ADDITIONS/CHANGES TO OFFICERS AT	
TITL€ .	D	[_] DELETE	1.1 117¢E		Change Addition
NAME	CLARK, ANNELIESE		1.2 NAME		
STREET ADDRESS	266 CHANNING COURT		1.3 STREET ADDRESS		Ji
CITY-ST-ZIP	NAPLES FL 34110		1.4 C(1Y - S1 - ZIP		
TITLE		DITEIE	2.1 TITLE		Change Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		1
CITY-ST-ZIP		DOLFTE	2.4 CHY-S1-7IP		Change Addition
TITLE		ב_ן טנונונ	3.1 10118		C change C Modulon
NAME STREET ADDRESS			3.2 NAME		1
			3 3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4 C(TY - ST - ZIP 4.1 TOLE		☐ Change ☐ Addition
NAME		<u> </u>	4. 2 NAME		
STREET ADDRESS			43 STHEET ADDRESS		}
CITY-ST-ZIP			4.4 City - St - ZiP		
TITLE		DEFETE	5.1 THILE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - \$1 - ZIP		
TATLE		DEFETE	6.1 Title		Change Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		\
CITY-ST-ZIP			6.4 CHY-S1-7IP		

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 logal 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.

Block 12 or Block 13 it changed, or on an attachment with all accress.

Anneliese Clark

41558 941501.2214