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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000055800 (1)

FACTORY BAY HOLDING COMPANY

FILED Apr 24 1998 8:00am Secretary of State



| Principal Place | e of Business | Mailing Address | | |
|--|--|--|----------------------------------|---|
| | | | UTC 6 | |
| NAPLES FL 3 | | 405 FIFTH AVE SOUTH, SU NAPLES FL 34102 | ס פוונ | |
| | | | | DO NOT WRITE IN THIS SPACE |
| 1 | | | | 3. Date Incorporated or Qualified |
| | | | | 06/25/1997 |
| ├ ~ / ~ | lace of Business | 2a. Mailing Address | | 4. FEI Number Applied For |
| 21 303 | HATT AVE SOUTH | | 32 R S | 7 65-0765423 Not Applicable |
| Cuite, Apt. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired \$8.75 Additional |
| 22 | 201 | 27 /0/ | | Fee Required |
| City & State | ANES 57 | City & State | | 6. Election Campaign Financing \$5.00 May Be |
| 23 // | True of FC | 28 WELLESLE | | Trust Fund Contribution Added to Fees |
| Zip U | Country | 29 02/8/ 3 | Country | 8. This corporation owes or has paid the current year Intangible |
| 24 3 9/ | 9. Name and Address of Current | | 10 /5 | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent |
| | | | | |
| THE THE CONFAINT | | | | THE SHUTHHAMMAN |
| 1201 HAYS STREET 82 Stre | | | | Address (P.O. Box Number in Not Acceptable) |
| IAL | LAHASSEE FL 32301 | | 83 -5 | 365 FIFTH AVE SOUTH |
| | | | 63 | SUME ZOI |
| | | | 84 City | 1 /4 O/ 65 Zip Cgde |
| 44 5 | - $ -$ | A | | NAPLES FL 39/02 |
| 11. Pursuant to the provisions of Sections 697 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, on 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 and accept the appointment as registered agent. I am familiar and accept the appointment as registered agent. I am familiar and accept the appointment as registered agent. I am familiar and accept the appointment as registered agent. I am familiar and accept the appointment as registered agent. I am familiar and accept the appointment as registered agent. I am familiar and accept the appointment as registered agent. I am familiar and accept the appointment as registered agent. I am familiar and accept the appointment as registered agent. I am familiar and accept the appointment as registered agent. I am familiar and accept the appointment as registered agent. I am familiar and accept the appointment as registered agent. I am familiar and accept the appointment as registered agent. I am familiar and accept the appointment as registered agent. I am familiar and accept the appointment as registered agent. I am familiar and accept the appointment as registered agent. I am familiar and accept the appointment as registered agent. | | | | |
| agent. I a | m familiar ynthy fild accept the philipar | ous of, Seption 507,05 0 5, Flori | da Statutes | 11/0/04 |
| SIGNATURE | LI CIMUL | IMMC- | TACKY | WTARAMIAN 4/8/40 |
| 12. | Synature Apod or printed fixania at registured injuril of FICERS AND | | | re required when reinstating) DATE // |
| TITLE | OFFICE AS AND | DIRECTORS | 13. 1.1 TITLE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| NAME | | Contine | | JACK ANTARAMIAN |
| STREET ADDRESS | | | 1.2 NAME | 365 FIETH AUG. 50, A 201 |
| | | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP TITLE | | DELETE | 1.4 CITY - ST - ZIP 2.1 TITLE | NAPLES, FL 34/02 Change LAddition |
| NAME | | better | 2.2 NAME | 1 4 1 1 1 2 |
| STREET ADDRESS | | | | DAVID E, NASSIF 365 FIFTH 4VE SO, AZOI |
| | | | 2.3 STREET ADDRESS | |
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| NAME | | | 3.2 NAME | Change Addition |
| STREET ADDRESS | | | | |
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| i | | | | } |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
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| NAME OTOGET ADDRESS | | | 5 2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | ☐ DELETE | 5.4 CITY-ST-ZIP | Dhara Diagram |
| TITLE | | ☐ DELETE | 6 1 TITLE | Change Addition |
| NAME | | | 62 NAME | |
| STREET ADDRESS | | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | ortile that the information association in | thin filing does not everify to | 64 CITY-ST-ZIP | and in Continue 110 07/00//). Florida Contute 14 offers and the state of the state |
| 14. I nereby c | ertify that the information supplied with | tries rights does not quality for | trie exemption state | ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information |