Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90086 034 \*\*\*158.75

## 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 # P9700059519

1. Corporation Name

**FOLITY III INVESTMENTS & DEVELOPMENT, INC.** 

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Principal Place of Bu	usiness	Mailing Address	•				#III I I I I I I I I I I I I I I I I I	1010 1011 1001
NAPLES FL 34108 . NAPLES		801 LAUREL OAK DR #710 NAPLES FL 34108 US			DO NOT WRITE IN THIS	SPACE		
US		03				3. Date Incorporated or Qualifed		
						07/07/1997		
2. Principal Place of	Business	2a. Mailing Address		_		4. FEI Number	Ap	olied For
21		26				65-0768161	<del></del> -	Applicable
Suite, Apt. #, etc.	۔ را شمور ایادھمای می	Suite, Apt. #, etc.		. نــ	·	5. Certificate of Status Desired	<b>\$8.75</b> A	
City & State		City & State				6. Election Campaign Financing	\$5.00	
23	. <u></u> .	28		_		Trust Fund Contribution	Added to	) Fees
Zip	Country	Zip	Coun:	try		8. This corporation owes the current year In		Пис
24	25		30			Personal Property Tax.	_¥	□No
9. 1	Name and Address of Current	Registered Agent	-	81 Na	me	10. Name and Address of New Registered	Agent	
PIRES, AN	ITHONY P		Ľ	1148				
	EL OAK DR #710		8	82 Str	et Addres	ss (P.O. Box Number is Not Acceptable)		}
NAPLES F			1	B3				
4			1	B4 City	/	FL	85 Zip C	ode
SIGNATURE Signatur	re, typed or printed name of registered agent	· · · · · · · · · · · · · · · · · · ·	Registered A	gent signa	ure required v	when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE D		☐ DELETE	1.1 TITL	<u> </u>	•		Change	Addition
-	INETT, CHARLES III		1.2 NAM	Œ				
	LAUREL OAK DR #600		1.3 STR	EET ADDR	ESS			
	PLES FL 34108		1.4 CITY	/-ST-ZIP				
TITLE .		☐ DELETE	2.1 TTTL	Æ				
NAME			2.2 NAM	/C			☐ Change	☐ Addition
STREET ADDRESS			2.2.100	nL.			Change	☐ Addition
CITY-ST-ZIP				EET ADOR	ESS		☐ Change	Addition
TITLE		مستور ويوشيه وكاليشوات	2.3 STR		ESS			
NAME		DELETE	2.3 STR	EET ADOR	ESS		☐ Change	☐ Addition
		DELETE	2.3 STR 2.4 CIT	EET ADOR Ý-ŜT-ZIP .E	ESS			
STREET ADDRESS		DELETE	2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM	EET ADOR Ý-ŜT-ZIP .E				
STREET ADDRESS CITY-ST-ZIP			2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT	EET ADOR: Y-ST-ZIP LE ME LEET ADDR			☐ Change	Addition
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CITY-ST-ZIP			2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM	EET ADOR Y-ST-ZIP EET ADDR Y-ST-ZIP EE	ESS		☐ Change	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 GIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY	EET ADDR Y-ST-ZIP E ME EET ADDR Y-ST-ZIP E ME EET ADDR (-ST-ZIP	ESS		☐ Change	Addition
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CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS		☐ DELETE	2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STR	EET ADOR!  Y-ST-ZIP  HE  HE  HEET ADDR  Y-ST-ZIP  E  HEET ADDR  I-ST-ZIP  E  HEET ADDR  I-ST-ZIP  E  HEET ADOR  I-ST-ZIP  E  HEET ADOR  I-ST-ZIP  E  HEET ADOR  I-ST-ZIP  E  HEET ADOR  I-ST-ZIP  E	ESS		☐ Change	Addition  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 suppliemental 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

DEDIMRERUS ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941 514-5005