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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham*

Secretary of State DIVISION OF CORPORATIONS

P97000061921 (7) DOCUMENT

SANFORD M. MARTIN, P.A.

Principal Place of Business	Mailing Address
2500 AIRPORT RD., SUITE 315	2500 AIRPORT RD., SUITE 315

FILED May 27 1998 8:00am Secretary of State



NAPLES FL 34112 NAPLES FL 34112 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>07/07/1997</u> 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MARTIN, SANFORD M 2500 AIRPORT RD., SUITE 315 82 Street Address (P.O. Box Number is Not Acceptable) **NAPLES FL 34112** В3 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floride 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 Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELE TE Change Addition TITLE 1.1 THLE 1.2 NAME NAME s ford M. MM BIN STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Channe TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3 1 117LF NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change ☐ Addition TITLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE __ Change Addition TIFLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 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 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 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 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 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 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 the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the corporation of ATTORNEY

2500 S. AIRPORT RD. STE. 815