CR2E034 (11/98)

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

**PROFIT CORPORATION** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

	NNUAL REPORT Secretary of State  1999 DIVISION OF CORPORATIONS									
1. Corpora ior	MENT # P97000 DEVELOPMENT, CORP.	0062284								
:										
Principal Place 5961 18TH AVE NAPLES FL 341	NW	Mailing Address 5961 18TH AVE NW NAPLES FL 34119	5961 18TH AVE NW			!   <b>58</b> 1188				0111 0121 1001
						07/17/19				
2. Principal Pl	ace of Business THAC CENTER WA	2a. Mailing Address	oe Cer	ter-u	114	4. FEI Number 65-07720				t Applicable
	Suite, Apt. #, etc.					5. Certificate of	Status Desired		<b>\$8.75</b> A Fee Re	
City & S ate  City & S tate  City & State  City & State  28 NAples			FL			6. Election Car Trust Fund	mpaign Financing Contribution		\$5.00 Added to	•
Zip 3 4	6109 [25]	Zip 34109	Country 30	<del>/</del>		8. This corpora	ation owes the cur	rrent year Int		[]No
24	9. Name and Address of Curre		100,			10. Name and	Address of New	Registered .	Agent	
			81	Name						
)	UMANO, PATSY		82	Street	Addres	s (P.O. Box Nun	ber is Not Accep	table)	40	
5961 18TH AVE NW					- 1-	TUHDE	ber is Not Accep	WAY	#3	
NAPI	LES FL 34119		83							
	_		84			JA-PLOB		FL		ode 4104
11. Pursuant office or reagent. as	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with and accept the obliga-	02 and 607.1508, Florida Statu: of Florida. Such change was a attions of, Section 607.0505, Flo	es, the above authorized by orida Statutes	re-named of the corporate.	corpora oration	ation submits this 's board of cirect	s statement for the ors. I hereby acce	e purpose of ept the appoin	changing its ntment as rec	r agistered y stered
SIGNATURE	Signature ftyped or printer hair e of registere	ant and title if applicable (NOTI	:: Registered Age	ent signature re	equired w	vhen reinstating)		DATE	99	
12. /		NE DIRECTORS	13.	an bigridides			CHANGES TO O	FFICERS //N		F:S IN 12
TITLE	D	☐ DELETE	1.1 TITLE						Change	Addition
NAME	MUSUMANO, PATSY		1.2 NAME			_			43	
STREET ADDRESS	5961 18TH AVE NW		1.3 STREE	TADDRESS		1827 IV	ADE CEN	ter-un	ay Po	
CITY-ST-ZIP	NAPLES FL 34119		1.4 CITY-5	ST-ZIP		NAPILES	ADE CEN	4109		
TITLE	D	☐ DELETE	2.1 TITLE			<u> </u>	7		Change	☐ Addition
NAME	MUSUMANO, DONNA M		2.2 NAME	ì			^		#	<b>-</b> ,
STREET ADDRESS	5961 18TH AVE NW		2.3 STREE	T ADDRESS		1827 Trade Cent			7A-Y "-	2)
CATY-ST-ZIP	NAPLES FL 34119		2.4 CITY-	ST-ZIP		NA-PL	eg, FL 3	34109		<u>-</u>
TITLE		☐ DELETE	3 1 TITLE			7	- ,		Change	Addition
NAME			3.2 NAME							
STREET ADDRESS			33STREE	T ADDRESS						
CITY-ST-ZIP			3.4 CITY-	ST-ZIP						
TITLE	!	☐ DELETE	4.1 TITLE						Change	☐ Addition
NAME			4 2 NAME	.						
STREET ADDRESS			4.3 STREE	T ADDRESS						
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			_			

6.4 CITY-ST-ZIP CITY-\$T-ZIP 14. Thereby certify that the information supplied with this filling 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 of 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 attach negrow that a doress, with a lother like empowered.

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME 6 3 STREET ADDRESS

5.3 STREET ADDRESS

54 CITY-ST-ZIP

☐ DELETE

DELETE

SIGNATURE:

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Change

Change

Addition

☐ Addition