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 # P97000064627 (7)

OBENAUF & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

2172 J&C BLVD N LINE PLAZA

2172 J&C BLVD N LINE PLAZA

FILED Jan 26 1998 8:00am Secretary of State



| NAPLES FL 34109 | | | NAPLES F | NAPLES FL 34109 | | | 00 007 11/0175 11/2 11/0 | 0040= | | |
|--|------------------|---------------------------------|-------------------------------|---------------------|----------------------------|--|--|--------------------|---------------|--|
| | | | | | | | DO NOT WRITE IN THIS | SPACE | | |
| | | | | | | | 3. Date Incorporated or Qualified | | | |
| | | | | | | | 07/24/1997 | | | |
| 2. Principa | Place of Busi | ness | 2a. Mailing | 2a. Mailing Address | | | 4. FEI Number | - | pplied For | |
| 21 | | | 26 | _ | | | 59-3465/02 | | t Applicable | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 / Fee Re | Additional | |
| 22 | | | | 27 | | | | - | | |
| City & State | | | — · | City & State | | | 6. Election Campaign Financing | | May Be | |
| 23 | | | 28 | | | | Trust Fund Contribution | Added | | |
| —, Žip | | | | | | • | 8. This corporation owes or has paid the cur | | _ ' | |
| 24 | | 25 | 29 | | 80 | | | | No | |
| 9. Name and Address of Current Registered Agent | | | | | | 10. Name and Address of New Registered Agent | | | | |
| obenauf, david b | | | | | 81 | 81 Name | | | | |
| 2 | 2172 J&C BL | VD N LINE PLAZA | | 82 Street Add | | | Idress (P.O. Box Number is Not Acceptable) | | | |
| ľ | NAPLES FL 3 | 34109 | | | | 0 | | | | |
| | | | | | 83 | | , | | | |
| | | | | | 84 | City | <u> </u> | 85 Zip (| Code | |
| | | <u> </u> | | | | | FL | , ` | | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or oth, 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 with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | | |
| SIGNATURI | = | | - | | | | | | | |
| 500 | Signature, types | d or printed name of registered | agent and title if applicable | (NOTE: | Registered Age | ent signatura rec | quired when reinstating) DATE | | | |
| 12. | | OFFICERS / | AND DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND | DIRECTOR | IS IN 12 | |
| TITLE | D - | | | DELETE | 1.1 TITLE | | | Change | Addition | |
| NAME | OBENA | UF, JUNE A | | | 1.2 NAME | | | | [| |
| STREET ADDRES | s 2172 J | RC BLVD N LINE PL | aza | | 1.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | NAPLES | S FL 34109 | | | 1.4 CITY - S | 7-2P | | | 1 | |
| TITLE | D | | | DELETE | 2.1 TITLE | | | Change | Addition | |
| NAME | OBENA | UF, DAVID B | | | 2.2 NAME | 1 | | - | | |
| STREET ADDRES | · | RC BLVD N LINE PL | Δ7Δ | | 2.3 STREET | ADDOESE | | | ĺ | |
| | - | S FL 34109 | | | | | | | | |
| CITY-ST-ZIP | THAT LLC | 311.04103 | | DELETE | 2. 4 CITY - : 3.1 TITLE | SI - ZIP | · | Change | Addition | |
| | 1 | | ! | DCCC15 | | | | T cuantite | Addition } | |
| NAME | 1 | | | | 3,2 NAME | | | | ļ | |
| STREET ADDRES | 5 | | | | 3.3 STREET | | | | Ì | |
| CITY-ST-ZIP | -l | | | T DELEVE | 3.4. CITY - : | ST - ZIP | | La | 1 1 4 4 4 1 1 | |
| TITLE | 1 | | 1 | DELETE | 4.1 TITLE | | | ∟⊥ Unange _ | Addition_ | |
| NAME | | | | | 4. 2 NAME | | | | l | |
| STREET ADDRES | s | | | | 4.3 STREET | | | | | |
| CLTY-ST-ZIP | | . <u> </u> | | 1 | 4,4 CITY - S | T-ZIP | <u> </u> | | <u> </u> | |
| TITLE | 1 | | Į | DELETE | 5.1 TITLE | | • | L Change | Addition | |
| NAME | 1 | | | | 5.2 NAME | | | | ļ | |
| STREET ADDRES | s | | | | 5.3 STREET | ADDRÉSS | | | | |
| CITY-ST-ZIP | 1 | | | | 5.4 CITY - S | T-ZIP | | | | |
| TITLE | | · · · · · | <u> </u> | DELETE | 6.1 TITLE | | <u> </u> | Change | ☐ Addition | |
| NAME | 1 | | | | 6.2 NAME | 1 | | | ł | |
| | _ 1 | | | | | | | | | |
| STREET ADDRES | 5 1 | | | | 6.3 STREET | AUDBESS | | | 1 | |

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 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.

941-514-1331