


FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90073 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000068880

1. Corporation Name

MOUTTE COMPANY, INC.

Principal Place of Business

801 ANCHOR ROPE DR
SUITE 203
NAPLES FL 34103
US

Mailing Address

801 ANCHOR ROPE DR
SUITE 203
NAPLES FL 34103
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1997

4. FEI Number

59-3474970

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional****Fee Required**6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be**
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21. **MOUTTE, B**Suite, Apt. #, etc. **661, 97th Avenue NW**City & State **NAPLES**Zip **34108** Country **FL**

2a. Mailing Address

26. **MOUTTE B**Suite, Apt. #, etc. **661, 97th Avenue NW**City & State **NAPLES**Zip **34108** Country **FL**

9. Name and Address of Current Registered Agent

WOLFF, CASEY-ESQ.
C/O PAULICH, SLACK & WOLFF, P.A.
2150 GOODLETTE ROAD SIXTH FLOOR
NAPLES FL 34102

10. Name and Address of New Registered Agent

81. Name **MOUTTE Bernard**

82. Street Address (P.O. Box Number is Not Acceptable)

661, 97th Avenue

83.

84. City **NAPLES****FL**85. Zip Code **34108**

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 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 with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **03/27/99**

12. OFFICERS AND DIRECTORS

1.1 TITLE **PD** ☒ DELETENAME **MARCHESSEAU, FRANCOISE**STREET ADDRESS **64 LES VAUTS DE ST FRANCOIS**CITY-ST-ZIP **ST-FRANCOIS GU 97118**1.2 TITLE **PD.** ☒ DELETENAME **MARCHESSEAU Françoise**STREET ADDRESS **661, 97th Avenue N**CITY-ST-ZIP **34108, NAPLES FL**1.3 TITLE **PD.** ☐ DELETENAME **MOUTTE Bernard**STREET ADDRESS **661, 97th Avenue NW**CITY-ST-ZIP **34108 NAPLES FL**1.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.7 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.8 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.9 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ 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 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, upon an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/24/99 941-514-1989

CR2E034 (1/98)