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 #

P97000070221 (1)

City & State

Zip

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City & State

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IEZ, INC.					
Principal Place of Business	Mailing Address	T (40)4001 HA SOUR ABEN BRAN BONN BONN BONK (60)4 BONG BURN HOOF HON HOST			
889 111TH AVE., N. NAPLES FL 34108	889 111TH AVE., N. NAPLES FL 34108	DO NOT WRITE IN THIS SPACE			
		3. Date Incorporated or Qualified 08/13/1997			
2. Principal Place of Business	2a. Mailing Address	4. FEI Number			
21	26	593765/70 Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired See Required			

30

24 29 9. Name and Address of Current Registered Agent

> CATALANO, FISHER & GREGORY, CHARTERED 4001 TAMIAMI TRL., N., STE. 404 NAPLES FL 34103

		Trust Fund Contribution		Added to Fee	38		
ountry		 This corporation owes or hat Personal Property Tax due. 		rent year Intangib	le		
\top	1	0. Name and Address of Nev	v Registered	Agent			
81	Name						
82	82 Street Address (P.O. Box Number is Not Acceptable)						
83							
84	City		FL	85 Zip Code	- 		

6. Election Campaign Financing

FILED

May 11 1998 8:00am

Secretary of State

\$5.00 May Be

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.

agont. I a	Harting Will, take bookly the congression of books, between				
SIGNATURE	Signature, typod or printed name of registered agent and tibe if applicable (NOTE: R	legistered Agent signature	e required when reinstating) DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 12
TITLE	☐ DELETE	1.1 TITLE	P. Wallet	Change	Addition
NAME		1.2 NAME	WAYNE MATTIN LAKES BLVD#6		
STREET ADDRESS		1.3 STREET ADDRESS	1328 WILLOWOD NICE		
CITY-ST-ZIP		1.4 CITY - ST - ZIP	WAYNE KAHN 1328 WILDWOODLAKES BLVD#6 NAPLES, FL 34104		
TITLE	DELETE	2 1 TITLE	Parket Leave	Change	Addition
NAME		2.2 NAME	VINARA WILDON N. KATE CT.		
STREET ADDRESS		2.3 STREET ADDRESS	MARK WILSON N. KATE CT. 622 CAPTAIN N. KATE CT. NAPLES, FL 34110		
CITY-ST-ZIP		2. 4 CITY - ST - ZIP	NHYLES, FL STILL		
TITLE	DELETE	3.1 TITLE	· ·	Change	Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY - ST - ZIP			
TITLE	☐ DELETE	4.1 THTLE		Change	Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY - ST - ZIP			
TITLE	DELETE	5.1 TITLE		☐ Change	Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	DELETE	6.1 TITLE		Change	Addition
NAME		6.2 NAME			
-		223000A T23000 C 2	1		

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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attack next with an address.

6.4 CITY-ST-ZIP