

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000077667**

1. Corporation Name

BEN NAPLES STORE, INC.

Principal Place of Business

**888 SOUTHEAST THIRD AVENUE SUITE #400
FORT LAUDERDALE FL 33316**

Mailing Address

**888 SOUTHEAST THIRD AVENUE SUITE #400
FORT LAUDERDALE FL 33316**

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90011 049 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1997

4. FEI Number

65-0823749

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 Fees

8. This corporation owes the current year
Intangible Personal Property.



Yes ☐ No

2. Principal Place of Business

21 26821 SOUTH BAY DR.

2a. Mailing Address

26 2660 AIRPORT ROAD S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 BONITA SPRINGS, FL

27 City & State

28

Zip Country

24 34134

25

Zip Country

29

30

9. Name and Address of Current Registered Agent

~~LARRY J. DEHAR, P.A.~~
~~888 SOUTHEAST THIRD AVENUE SUITE #400~~
~~FORT LAUDERDALE FL 33316~~

10. Name and Address of New Registered Agent

81 Name

JOHN G. VEGA

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

2660 AIRPORT ROAD S.

83

84 City

NAPLES

FL

85 Zip Code
34112

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 **JOHN G. VEGA**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **7/5/99**

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE

NAME **MARCHESE, SERGIO**

STREET ADDRESS **43 DELAVIGNE**

CITY-ST-ZIP **WESTMOUN 00 H342C**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VICE-PRESIDENT** ☒ Change ☒ Addition

1.2 NAME

GEORGE VEGA, JR

1.3 STREET ADDRESS

2660 AIRPORT ROAD S.

1.4 CITY-ST-ZIP

NAPLES, FL 34112

2.1 TITLE

2.2 NAME

PRESIDENT WALTHER SAUERMAN

2.3 STREET ADDRESS

3683 OLDE COTTAGE LANE

2.4 CITY-ST-ZIP

BONITA SPRINGS FL 34134

3.1 TITLE

3.2 NAME

TREASURER DENNY PHILLIPS

3.3 STREET ADDRESS

1400 GULFSHORE BLVD N., UNIT #216

3.4 CITY-ST-ZIP

NAPLES, FL 34102

4.1 TITLE

4.2 NAME

SECRETARY JOHN G. VEGA

4.3 STREET ADDRESS

2660 AIRPORT ROAD S.

4.4 CITY-ST-ZIP

NAPLES, FL 34112

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

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.

SIGNATURE:

GEORGE VEGA, JR.

7/5/99

941 774 3333

Date

Daytime Phone #

CR2E034 (5/99)

0064864