## 3-16.48 B- 3305 **FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

į ,	MEN   # P9700( MITH& OF NAPLES, INC.	0079225 (3)			
Principal Place of Business Mai		Mailing Address			
380 FIFTH AVENUE SOUTH NAPLES FL 34102		360 FIFTH AVENUE SOUT	TH		
NAPLES FL 34	HUZ	NAPLES FL 34102		DO NOT WRITE IN TI	HIS SPACE
				3. Date Incorporated or Qualified	
O Drive alead D	lace of Business	2a. Mailing Address		09/05/1997	
21 Principal F	lace of Business	26		4. FEI Number 59 - 3471926	Applied For Not Applicable
Suite, Apt #, etc Suite, A		Suite, Apt. #, etc.	<del></del>		\$8.75 Additional
27		<u> </u>		5. Certificate of Status Desired	Fee Required
City & State		City & State		6, Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	26	[29]	30	Personal Property Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of Currer	n Hagistereo Agent	81 Name	10. Name and Address of New Registe	red Agent
	EDRICH, WOLFGANG L				
360 FIFTH AVENUE SOUTH NAPLES FL 34102			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
NAI	PLES PL 34102		83		
					. <u></u>
			<b>B4</b> City	ı	Zip Code
SIGNATURE	to the provisions of Sections 607.055 og istered agent, or both, in the State on familiar with, and accept the oblig		es, the above-named corpora authorized by the corpora orida Statutes.  F. Registered Agent signature requ	poration submits this statement for the purposition's board of directors. I hereby accept the	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	FRIEDRICH, WOLFGANG L		1.2 NAME		
STREET ADDRESS	360 FIFTH AVENUE SOUTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102	Torici	1 4 CITY-SY-ZIP		Change Addition
TITLE		☐ DELETE	21 TITLE		Change L. Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2 4 C/TY - ST - Z/P 3.1 T/TLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY+SI-ZIP		
TITLE		DELETE	4.1 TITLE		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			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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:

**FILED** 

Mar 16 1998 8:00am

Secretary of State