## 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 # P97000086369 (0)

NEXT BEST THING TO MOM, INC.

Principal Place of Business		Mailing Address				
2614 TAMIAMI TRAIL NORTH		2614 TAMIAMI TRAIL NORTH				
SUITE 612		SUITE 612			DO NOT WRITE IN THIS SPACE	
NAPLES FL 34103 NAPLES FL 34103					3. Date Incorporated or Qualified	
					10/07/1997	
_2. Principal P	lace of Business	2a. Mailing Address			4. FFI Number	Applied For
21		26			59 - 3472333	Not Applicable
, Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
Suite, Apt. #, etc		27			3. Certificate di Status Desireo	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zιρ	Country	Zip	Country		8. This corporation owes or has paid the o	
24	25 g. Name and Address of Curr	29	[30]		Personal Property Tax due June 30.  10. Name and Address of New Registere	Yes Y No
	<del></del>	ent negistered Agent	81	Name	10. Haire and Address of How Fieglaters	t Agent
1	IERILAWYER CHARTERED					
343 ALMERIA AVENUE			82	Street Addr	ess (P.O. Box Number is Not Acceptable)	
į co	PRAL GABLES FL 33134		83			
1						
]			84	City	F	85 Zip Code
wt1 Presugnt	to the provisions of Sections 607.0	502 and 607 1508. Florida St.	atutes, the above	-named corn	oration submits this statement for the purpose	
office or r	registered agent, or both, in the Sta	ite of Florida. Such change w	as authorized by	the corporati	ion's board of directors. I hereby accept the a	ppointment as registered
	ini familiar with, and accept the obl	gations of, Section 607.0505	, Florida Statutes			
SIGNATURE	Signature typed or printed name of registered	a ped and the diagon tato	(NOTE Registered Agen	nt s unature reguin	ed where reinstating) DATE	
12.	<del></del>	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE			Change Addition
NAME			1.2 NAME			
STREET ADDRESS	2614 TAMIAMI TRAIL NORT	Ή	1.3 STREET A	ADDRESS		
CITY-ST-ZIP	NAPLES FL 34103		1.4 CITY-ST	-ZP		
TITLE	VD	DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	YOUNG, JOHN J		2.2 NAME			
STREET ADDRESS	2614 TAMIAMI TRAIL NORT	Ή	2 3 STREET A	ADDRESS		
CITY-ST-ZIP	NAPLES FL 34103		2 4 CITY-S1	1 - 71P		
TITLE	DELETE		3 I TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS	,		3.3 STREET A	ADDRESS		
CITY-ST-ZIP			3.4. CITY - \$1	1 - ZIP		
TITLE		DELFTE	4.1 THLE			Change Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET A	address		
CiTY-ST-ZIP			4 4 CITY-ST	-7.P		
TITLE			5.1 TITLE			Change Add-tion
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET A	ADDRESS		
CITY-ST-ZIP			5.4 City-St	-76		
TITLE		☐ DELETE	6 1 TITLE			Change Addition
NAME			62 NAME			
STREET ADDRESS			6.3 STREET A	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

6.4 CITY-ST-ZP

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

3/23/98 (941) 348-1441 Davine Profes 6437417

**FILED** 

May 15 1998 8:00am

Secretary of State