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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000088410

DISTINCTIVE PROPERTIES OF SOUTHWEST FLORIDA, INC

Principal Pla	ace of Business	Matter				
	AVENUE SOUTH	Mailing Address)#1 (1E11 ##11 1EE1
SUITE 201	AVENUE SOUTH	1100 FIFTH AVENUE SOUT SUITE 201	ТН			
NAPLES FL 34102 NAPLES FL 34102			DO NOT WRIT	E IN THIS SPACE		
				3. Date Incorporated or Qualifed		* ****
7 Principal	Diese of Durings			. 10/14/1997		
21 Principal	Place of Business	2a. Mailing Address		4. FEI Number	A	Applied For
Suite, Ap	nt. #. etc	Suite, Apt. #, etc.	·	59-3472532		lot Applicable
22	W 11, 010.	27 Suite, Apr. #, etc.		5. Certificate of Status Desired		Additional
City & St	ate	City & State				Required
23		28		Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	Zip	Country	This corporation owes the current		I to Fees
24	25	29	30	Personal Property Tax.	Yes	□No
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Re		
A K A	ERILAWYER		81 Name		¥	
	B ALMERIA AVENUE		82 Street Ad	dress (P.O. Box Number is Not Acceptable	(a)	
	RAL GABLES FL 33134					
00	TAL CABLES I C 33 134		83	· · · · · · · · · · · · · · · · · · ·	·	
			84 City	· · · · · · · · · · · · · · · · · · ·	ar 7:-	0-4-
			"			Code
office or	t to the provisions of Sections 607 registered agent, or both, in the S	.0502 and 607.1508, Florida Statute	s, the above-named con	poration submits this statement for the pution's board of directors. I hereby accept t	rpose of changing its	registered
agent. I a	am familiar with, and accept the ob	oligations of, Section 607.0505, Flor	ida Statutes.	ilon's board of directors. I hereby accept t	ne appointment as re	gistered
SIGNATURE						
12.	Signature, typed or printed name of registered	a agent and title if applicable. (NOTE: S AND DIRECTORS	Registered Agent signature requir		DATE	
TITLE	PSTD	DELETE	13.	ADDITIONS/CHANGES TO OFFICE		
NAME	MEYER, MICHAEL A	_ DELCTE	l l		☐ Change	☐ Addition
STREET ADDRESS		TF 201	1.2 NAME			
CITY-ST-ZIP	NAPLES FL 34102	12 201	1.3 STREET ADDRESS			
TITLE		☐ DELETE	1.4 C/TY-ST-Z/P 2.1 T/TLE			
NAME			2.2 NAME			
STREET ADDRESS			2.2 TO-UNIC.		☐ Change	Addition
CITY-ST-ZIP			2.3 STREET ADDRESS		∐ Change	☐ Addition
TITLE			2.3 STREET ADDRESS	,	Change	☐ Addition
NAME	1		2.4 CITY-ST-ZIP	• • •	•	_·
STREET ADDRESS		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	• • ·	☐ Change	☐ Addition
CITY-ST-ZIP		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME		•	_·
TITLE		☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	·	•	_·
		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	• • •	□Change	☐ Addition
NAME			2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		•	_·
			2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE		□Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			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		□Change	☐ Addition
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STREET ADDRESS CHY-ST-ZIP TITLE NAME		DELETE	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		∵	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	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		∵	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME BTREET ADDRESS CITY-ST-ZIP		□ DELETE	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		∵	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	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		∵	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE VAME BTREET ADDRESS CITY-ST-ZIP		□ DELETE	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		Change	Addition 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on an attachment with an admits, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TEB 8, 1999 941.435.7744