PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000098749

1. Corporation Name

Altare Systems, Inc.

FILED	
Jun 08, 2000 8:00 an	n
Secretary of State	

06-08-2000 90424 001 \*\*\*300.00

Principal Place of Business Mailing Address				17666			
5801 Pelican Bay Blvd. Suite 300 Naples, FL 34108-2709	Suite 300			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  11–19–97			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number 59-3588875	Applied For Not Applicable		
Suite, Apt. #, etc.	, etc. Suite, Apt. #, etc.			. Certificate of Status Desired			
City & State	28 Z8	· -	خميد ب ــــــــــــــــــــــــــــــــــــ	6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip Country	29 30	untry		This corporation owes the current year Ir Personal Property Tax.	ntangible Yes	<b>X</b> No	
Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
Mary Beth M. Clary, Esq. Porter, Wright, Morris & Arthur LLP		81		ess (P.O. Box Number is Not Acceptable)			
5801 Pelican Bay Blvd., Suite 300		83			<del></del>		
Naples, FL 34108-2709			City	Fi	85 Zip	Code	
<ol> <li>Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig</li> </ol>	e of Florida. Such change was authorize	d by	the corporation	ration submits this statement for the purpose of social board of directors. I hereby accept the appoint			
SIGNATURE Signature, typed or printed name of registered ag	pent and title if applicable. (NOTE: Registere	d Agen	nt signature required v	when reinstating) DATE			

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. D/P/S/T Addition □ DELETE TITLE 1.1 TITLE ☐ Change Frederick J. Roberts 1.2 NAME NAME STREET ADDRESS 1.3 STREET ADDRESS P.O. Box 7008 Naples, FL 1.4 CITY-ST-ZIP CITY-ST-ZIE TITLE □ DELETE 2.1 TITLE ☐ Change Addition 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP. CITY-ST-ZIP □ DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE ☐ Change Addition TITLE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-79P 4 4 CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-7IP

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 armost 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, with all other like empowered.

SIGNATURE: \_

NAME OF SIGNING OFFICER OR DIRECTOR