


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED


Jan 30 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000100679 (4)</b> 1. Corporation Name <b>PIAZZA NAPOLI, INC.</b>					
Principal Place of Business 501 N. BENEVA RD., UNIT 530 SARASOTA FL 34232			Mailing Address 501 N. BENEVA RD., UNIT 530 SARASOTA FL 34232		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28		3. Date Incorporated or Qualified <b>11/26/1997</b> 4. FEI Number <b>65-0799228</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>FITZGIBBONS, THOMAS M</b> <b>22 S. TUTTLE AVE., SUITE 4</b> <b>SARASOTA FL 34237</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)	



DO NOT WRITE IN THIS SPACE

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 210388 (5)</b> 1. Corporation Name <b>VENICE GOLF ASSOCIATION, INC.</b>					
Principal Place of Business 50 HARBOR DR P. O. BOX 1385 VENICE FL 34284			Mailing Address 50 HARBOR DR P. O. BOX 1385 VENICE FL 34284		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28		3. Date Incorporated or Qualified <b>03/10/1958</b> 4. FEI Number <b>59-0857558</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>SHRODE, DONALD W</b> <b>END OF HARBOR DR SO</b> <b>PO BOX 1385 NA</b> <b>VENICE FL 34285</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____					
12. OFFICERS AND DIRECTORS TITLE <b>SD</b> <input type="checkbox"/> DELETE NAME <b>HORTON, CLARA</b> STREET ADDRESS <b>309 NASSAU ST. NO.</b> CITY-ST-ZIP <b>VENICE, FL 00000</b> TITLE <b>P</b> <input type="checkbox"/> DELETE NAME <b>SHRODE, DONALD M.</b> STREET ADDRESS <b>PO BOX 1554 NA</b> CITY-ST-ZIP <b>VENICE FL</b> <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE		



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CR2E034 (10/97)