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

PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 13 1998 8:00am Secretary of State

•	1998	DIVISION OF CO	ORPORATIONS	Secretary	of State
1. Corporation	MENT # P97000	0101776 (7)			
lurr (JNE, INC.			e edanidžie sid ižšies kadis adnii adnii džies kibis	RUMA MANA MANA ANTA CARE ANCH
<u></u>					
Principal Place of Business Mailing Address					MBIMI filler sænss rållið Brit illör
2241 TAMIAMI TRAIL EAST NAPLES FL 33962 2241 TAMIAMI TRAIL EAST NAPLES FL 33962			r		
MAPLES PL 33802 NAPLES PL 33802				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 12/03/1997	
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number 65-0790556	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 27 27 City & State 27		City & State			Fee Required
23	t .	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25		10	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
FRANK, ANN I				WALTHA E GRAY	
2124 AIRPORT ROAD SOUTH SUITE 102			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	K.
NAPLES FL 34112			83	731414	
•••	p		84 City		85 Zip Code
			I N	<i>PLKS</i> F	L 33/12
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 obligation of the corporation of Statutes.					
SIGNATURE	1 /h alt	U 1/10 1/	L	4 G	- 98
	Signature, word or printed name of registered ages OFFICERS AND		Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D OFFICERS AND	DELETE	1.1 TALE	ADDITIONS/CHANGES TO OTTICERS A	Change Addition
NAME	GRAY, WALTER E		1.2 NAME		
STREET ADDRESS	2241 TAMIAMI TRAIL EAST		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33962		1.4 CITY - ST - ZIP		
TITLE		L. DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	,	
CITY-ST-ZIP TITLE	<u> </u>	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		L] DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 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			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	certify that the information supplied wi	th this filing does not qualify for	6.4 City-St-ZiP the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the information
Indicated	on this annual report or supplementa	I annual report is true and accu	rate and that my signat	ure 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 or an attachment with an address

SIGNATURE: