FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTME

Secretary of Site DIVISION OF CORPRATIONS

FILED Apr 30 1998 8:00am Secretary of State

DOCUI	MENT # P9700	0102790 (7)			
	EVELOPMENT, INC.	()		1 1881 (1881 (1881 118)) 1891 - 1891 (1881 118) 1891 - 1891 (1881 118) 1891 (1881 118) 1891 (1881 1891 1891 1	
Principal Place	e of Business	Mailing Address		T I I I I I I I I I I I I I I I I I I I	
2190 J&C BOULEVARD NAPLES FL 34109		2190 J&C BOULEVARD NAPLES FL 34109		DO NOT WRITE IN THIS SPACE	
			1	3. Date Incorporated or Qualified	
				12/05/1997	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number Applied For	
21		26	•	59 - 3502993 Not Applicab	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		\$8.75 Additional	
22		27		Fee Required	
City & State	9	City & State		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 current year Intangible	
24	25		30	Personal Property Tax due June 30. 🔀 Yes 🔲 No	
	e. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered Agent	
	OMPSON, STUART A		81 Name		
	01 TAMIAMI TRAIL NORTH		62 Street Add	ress (P.O. Box Number is Not Acceptable)	
	ITE 400				
NA	PLES FL 34103		83		
			84 City	FL 85 Zip Code	
44 Durayant 6	to the provisions of Soctions 607 OFC	22 and 607 1509. Florido Ctatuto	a thechous named par		
office or re agent. I as	egistered agent, or both, in the State m familiar with, and accept the oblig.	of Florida. Such change was au ations of, Section 607.0505, Flor	s, meabove-named corpora uthorized by the corpora rida Satutes	poration submits this statement for the purpose of changing its registere tion's board of directors. I hereby accept the appointment as registered	
SIGNATURE				ired when reinslating) DATE	
12,	Signature, typod or printed name of registered ago	D DIRECTORS (NOTE:	Registred Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE	Change Addition	
NAME	MULLERSMAN, STEVE		1.2 NAME	-	
STREET ADDRESS	2190 J&C BOULEVARD		1.3 STREET AODRESS		
CITY-ST-ZIP	NAPLES FL 34109		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME	MASON-BRIGHI, MONICA L		22 NAME		
STREET ADDRESS	2190 J&C BOULEVARD		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34109		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	Change Additi	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP	The same of the sa	
TITLE		L DELETE	4.1 TITLE	Change Additi	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CHY - ST - ZIP	☐ Change ☐ Additi	
TITLE		F"] DETEIL	5.1 TITLE	C cuante C vanu	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	☐ Change ☐ Additi	
TITLE			6.2 NAME		
NAME CORET ADDRESS			6.3 STREET ADDRESS		
STREET ADDRESS					
City-St-ZiP	ertify that the information supplied w	ith this filing does not qualify for	the exemption stated in	Section 119.07(3)(i) Florida Statutes I further certify that the information	

Increase certain the information supplied with this hilling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informationation 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. (941)