


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

FILED

98 OCT -9 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000104153 1. Corporation Name Wildcat Investors of Naples, Inc.			
Principal Place of Business		Mailing Address	
9944 Boca Avenue N. Naples, FL 34109			
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24		29	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Kevin G. Coleman 4001 Tamiami Trail North, Suite 300 Naples, FL 34103		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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			
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	PD	Ben J. Maltese	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		9944 Boca Avenue N.	
CITY-ST-ZIP		Naples, FL 34109	
TITLE	VD	Gerald G. Mansour	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		51 Chateaux Du Lac Dr.	
CITY-ST-ZIP		Fenton, MI 48430	
TITLE	STD	Gerald J. Mansour	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		11 Chateaux Du Lac Dr.	
CITY-ST-ZIP		Fenton, MI 48430	
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		700002660917	
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
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 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.			
SIGNATURE: <i>Ben J. Maltese</i> pils.			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
December 10, 19974. FEI Number
59-3488580Applied For
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

10/8/98

941 594-2227



ACCOUNT NO. : 072100000032

REFERENCE : 988840 7103152

AUTHORIZATION :

Patricia Pizant

COST LIMIT : \$ 558.75

ORDER DATE : October 7, 1998

ORDER TIME : 2:28 PM

ORDER NO. : 988840-020

CUSTOMER NO: 7103152

~~71031528840-020~~

CUSTOMER: Scott Ketchum, Esq
Goodlette Coleman & Johnson,
Suite 300
4001 Tamiami Trail North
Naples, FL 34103

ANNUAL REPORT FILING

NAME: WILDCAT INVESTORS OF NAPLES,
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS: _____

RECEIVED
98 OCT -9 PM 2:44
DIVISION OF CORPORATION