**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9800000510

1. Corporation Name

AIDA PROPERTIES CORP.

## May 01, 1999 8:00 am Secretary of State

05-01-1999 90051 036 \*\*\*150.00



Principal Place	e of Business	Mailing Address		<del></del>	-	(   <b>    </b>      <b>    </b>	SIL BRIDE BISEL	EBTI OBIT IEBT
4040 DEL PRADO BOULEVARD		P.O. BOX 1508						
CAPE CORAL FL 33904		CAPE CORAL FL 33910						
						WRITE IN THIS	SPACE	
					3. Date Incorporated or Qual	uea		
		La Maria Aldana			01/05/1998 4. FEI Number		Ann	olied For
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		<u> </u>	Applicable
21		26 Suite Ant # sts		<del>-</del>			\$8.75 A	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desire	ed 🗀	Fee Rec	
22 City & State		27 City & State			6. Election Campaign Finance	oing.	\$5.00 N	
<del></del>	•	<b>⊢</b> ′ ′			Trust Fund Contribution		Added to	-
Zip	Country	Zip	Cou	ntrv	8. This corporation owes the	current year Intr		
24	25	— · -	30		Personal Property Tax.	00,10,11,11	□Yes	Mo No
24	9. Name and Address of Current		70		10. Name and Address of N	ew Registered	Agent	•
-	S. Mullio dira yiaa. 000 S. California	<u>g</u>		81 Name	R.L. 1 M	Necla		
AME	RILAWYER				(CO C )			
343	ALMERIA AVENUE			82 Street Addre	ess (P.O. Box Number is Not Ac	ceptable	3/vd	1
	IAL GABLES FL 33134		ŀ	83	7 4 7 4 7 2 7 2 7 2 7 2 7 2 7 2 7 2 7 2	MAC -		
				84 City (	Can Coral	. FL	85 20 9	Foy
44 Burguest	to the provisions of Sections 607.0502	and 607 1508. Florida Statute	s the ab	nove-named come	armin submits this statement for	r the number of	changing its r	parateinar
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligations.	Florida. Such change was au	thorized	by the corporatio	n's board of directors. I hereby a	accept the appoin	ntment as reg	istered
agent. I a	m familiar with, and accept the obligation	per of, Section 607.0505, Flor	ida Statu		A. Neeld	)<	A. C.	,
SIGNATURE	Signature, typed or printed name of registered agent	and title if poplicable (NOTE:	Registered	Agent signature required		OATE	1 NN 71	— \·
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO	OFFICERS AN	ID DIRECTOR	RS IN 12
TITLE	PSTD	☐ DELETE	1.1 TIT	TLE			Change	☐ Addition
NAME	NEELD, ROBERT M		1.2 NA	ME				
STREET ADDRESS	4040 DEL PRADO BOULEVARD		1.3 ST	REET ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL 33904			TY-ST-ZIP				
TITLE	CALL COLLETE GOOD!	DELETE	2.1 ΤΠ				Change	Addition
NAME.			2.2 NA	ME .				
				REET ADDRESS				ł
STREET ADDRESS			1	1				
CITY-ST-ZIP			■ 2 4 CI	ITY-ST-ZIP . I		لينجر يوس دير عيم		_
NAME +	l .		2.4 CI	ITY-ST-ZIP			☐ Change	Addition
STREET ADDRESS		DELETE	3,1 717	ΓLE	<u></u>	and the second second	☐ Change	Addition
SIKEEI AUUKESS		C DELETE	3.1 TIT 3.2 NA	T.E	<u></u>	-	☐ Change	Addition
		☐ DELETE	3.1 TIT 3.2 NA 3.3 ST	TLE WIE TREET ADDRESS	<u></u>		Change	☐ Addition
CITY-ST-ZIP			3.1 TIT 3.2 NA 3.3 ST 3.4, CI	TLE  WME  TREET ADDRESS  ITY-ST-ZIP			☐ Change	Addition
TITLE		☐ DELETE	3.1 TIT 3.2 NA 3.3 ST 3.4. CI 4.1 TIT	TLE WE REET ADDRESS ITY-ST-ZIP TLE		•	- : 	
TITLE NAME			3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NA	TLE  AME  REET ADORESS  ITY-ST-ZIP  TLE  AME	<u></u>	•	- : 	
TITLE NAME STREET ADDRESS			3.1 TM 3.2 NA 3.3 ST 3.4 CI 4.1 TM 4.2 NA 4.3 ST	TLE  AME  TREET ADDRESS  ITY-ST-ZIP  TLE  AME  TREET ADDRESS			- : 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 TM 3.2 NA 3.3 ST 3.4 CI 4.1 TM 4.2 NA 4.3 ST 4.4 CI	TLE  AME  TREET ADDRESS  ITY-ST-ZIP  TREET ADDRESS  TY-ST-ZIP			- : 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			3.1 TTT 3.2 NA 3.3 ST 3.4 CI 4.1 TTT 4.2 NA 4.3 ST 4.4 CI 5.1 TTT	TLE  AME  TREET ADDRESS  ITY-ST-ZIP  TLE  AME  TREET ADDRESS  TY-ST-ZIP  TLE			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	3.1 TTT 3.2 NA 3.3 ST 3.4, CI 4.1 TTT 4.2 NV 4.3 ST 4.4 CI 5.1 TTT 5.2 NA	TLE  AME  TREET ADDRESS  ITY-ST-ZIP  TREET ADDRESS  TY-ST-ZIP  TLE  AME			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	3.1 TIT 3.2 NA 3.3 ST 3.4. CI 4.1 TIT 4.2 NA 4.3 ST 4.4 CI 5.1 TIT 5.2 NA 5.3 ST	TLE  AME  TREET ADORESS  ITY-ST-ZIP  TLE  AME  TREET ADDRESS  TY-ST-ZIP  TLE  AME  TREET ADDRESS		·	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 TIT 3.2 NA 3.3 ST 3.4, CI 4.1 TIT 4.2 NV 4.3 ST 4.4 CI 5.1 TIT 5.2 NA 5.3 ST 5.4 CI	TLE  AME  TREET ADDRESS  TITY-ST-ZIP  TILE  AME  TREET ADDRESS  TY-ST-ZIP  TLE  AME  TREET ADDRESS  TY-ST-ZIP  TREET ADDRESS  TY-ST-ZIP		·	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	3.1 TIT 3.2 NA 3.3 ST 3.4. CI 4.1 TIT 4.2 NA 4.3 ST 4.4 CI 5.1 TIT 5.2 NA 5.3 ST	TLE  MME  REET ADORESS  ITY-ST-ZIP  TLE  AME  REET ADORESS  TY-ST-ZIP  TLE  MME  REET ADORESS  TY-ST-ZIP  TLE  TREET ADORESS  TY-ST-ZIP  TLE  TREET ADORESS		·	Change	Addition  . Addition

CITY-ST-ZIP OF CONTROL OF STATE OF STAT 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, with all other like empowered.

SIGNATURE: