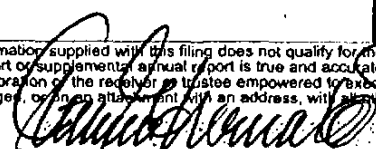


PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000003935 1. Corporation Name ARCHITECTURAL RENOVATIONS OF NAPLES, INC.			
Principal Place of Business 680 REGATTA RD. NAPLES FL 34103		Mailing Address 680 REGATTA RD. NAPLES FL 34103	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 01/12/1998	
22 City & State	27 City & State	4. FEI Number 57-3555460	
23 Zip	28 Zip	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
24 Country	29 Country	6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
25 Country		29 Country	
26 Country		30 Country	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MENALDI, ARTHUR E 657 BINNACLE DRIVE NAPLES FL 34103		81 Name ARTHUR E. MENALDI	
		82 Street Address (P.O. Box Number is Not Acceptable) 680 REGATTA ROAD	
		83 City	
		84 City NAPLES FL 34103	
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 ARTHUR E. MENALDI, PRES.		DATE 3/23/99	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME		1.2 NAME	ARTHUR MENALDI
STREET ADDRESS		1.3 STREET ADDRESS	680 REGATTA ROAD
CITY-ST-ZIP		1.4 CITY-ST-ZIP	NAPLES, FL 34103
TITLE	☐ DELETE	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 registered agent 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 signature like empowered.			
SIGNATURE: 		Date: 2/9/99 941-649-7637	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	
ARTHUR E. MENALDI			