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AMOUNT DUE ON OR BEFORE 08/15/00: \$550 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 OCT -7 AM 9:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P98000018237 1. Corporation Name B W A OF NAPLES, INC.					
Principal Place of Business 4444 TAMiami TRAIL NORTH SUITE 7 NAPLES FL 34103			Mailing Address 4444 TAMiami TRAIL NORTH SUITE 7 NAPLES FL 34103		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/25/1998 4. FEI Number 65-0835088 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent STITES, KAYE 4444 TAMiami TRAIL NORTH SUITE 7 NAPLES FL 34103				10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D ☐ DELETE NAME STITES, KAYE STREET ADDRESS 4444 TAMiami TRAIL NORTH SUITE 7 CITY-STATE-ZIP NAPLES FL 34103			1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-STATE-ZIP			2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-STATE-ZIP			3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-STATE-ZIP			4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-STATE-ZIP			5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-STATE-ZIP			6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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: Kaye Stites REQUIRED 9/14/99 KE					