

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 21, 1999 8:00 am
Secretary of State

09-21-1999 90001 004 ***550.00

DOCUMENT # P 98000021517

1. Corporation Name

Inka of Southwest Florida, Inc.

Principal Place of Business

4501 Tamiami Trail N.
Suite 400
Naples, FL 34103

Mailing Address

4501 Tamiami Trail N.
Suite 400
Naples, FL 34103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

March 6, 1998

4. FEI Number

65-0857659

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☒ No

2. Principal Place of Business

21 5801 Pelican Bay Blvd.

Suite, Apt. #, etc.

22 Suite 300

City & State

23 Naples, FL

Zip

24 34108

Country

25 USA

2a. Mailing Address

26 5801 Pelican Bay Blvd.

Suite, Apt. #, etc.

27 Suite 300

City & State

28 Naples, FL

Zip

29 34108

Country

30 USA

9. Name and Address of Current Registered Agent

Dixon F. Miller
4501 Tamiami Trail N.
Suite 400
Naples, FL 34103

10. Name and Address of New Registered Agent

81 Name Dixon F. Miller

82 Street Address (P.O. Box Number is Not Acceptable)
5801 Pelican Bay Blvd.

83 Suite 300

84 City
Naples,

FL

85 Zip Code

34108

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.

Dixon F. Miller

(NOTE: Registered Agent signature required when reinstating)

8/13/99

DATE

12. OFFICERS AND DIRECTORS

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	
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	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Paul Meier	
1.3 STREET ADDRESS	Lindenbornstr. 25	
1.4 CITY-ST-ZIP	D 66629 Grugelborn, Germany	
2.1 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Nicole Meier	
2.3 STREET ADDRESS	Lindenbornstr. 25	
2.4 CITY-ST-ZIP	D 66629 Grugelborn, Germany	
3.1 TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Markus Meier	
3.3 STREET ADDRESS	Lindenbornstr. 25	
3.4 CITY-ST-ZIP	D 66629 Grugelborn, Germany	
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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034 (11/98)