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Mar 31, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000027446

1. Corporation Name
ADOBE GILA'S OF KEY WEST, INC.

Principal Place of Business
4411 CLEVELAND AVENUE
FORT MYERS FL 33901

Mailing Address
4411 CLEVELAND AVENUE
FORT MYERS FL 33901



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/18/1998

4. FEI Number
65-0823770
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

2a. Mailing Address

21 227 DUVAL ST

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

KEY WEST, FL

FORT MYERS, FL

24 Zip Country

29 Zip Country

33040 USA

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARCHEWKA, RICHARD M
2075 WEST FIRST STREET, SUITE 203
FORT MYERS FL 33901

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME LAGESCHULTE, DAVID L
STREET ADDRESS 4411 CLEVELAND AVENUE
CITY-ST-ZIP FT. MYERS FL 33901

1.1 TITLE Change Addition
1.2 NAME D/C.E.O.
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME BRAWNER, TERRY
STREET ADDRESS 4411 CLEVELAND AVENUE
CITY-ST-ZIP FT. MYERS FL 33901

2.1 TITLE Change Addition
2.2 NAME D/P
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME LYNCH, PAUL W
STREET ADDRESS 4411 CLEVELAND AVENUE
CITY-ST-ZIP FT. MYERS FL 33901

3.1 TITLE Change Addition
3.2 NAME D/S/T
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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:

Paul W Lynch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/99
Date

941-275-6339
Daytime Phone #

CR2E034 (1/198)