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** Mar 01, 1999 8:00 am Secretary of State

Change

Change

Addition

C:---

03-01-1999 90060 002 \*\*\*150.00

## DOCUMENT # P98000027544

1. Corporation MARCO	ISLAND ASSOCIATES, INC.						
Principal Place of Business Mailing Address					I TESCUESI WA LEVEL WARM SOME STORE STORE WAS VESSEL BUTLE STAN	1 1881	
280 SOUTH COLLIER 128 DUNNING ROAD MARCO ISLAND FL 34145 NEW CANAAN CT 06840					•	DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed 03/23/1998	
2. Principal Place of Business 2a. Mailing Add						4. FEI Number Applied Fo	ot
21		26	<u>6</u>			52-2094031 Not Applie	cable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired  \$8.75 Addition	nal
22		27				a. Certificate of Status DesiredFee Required	
City & State	è	City & State				6. Election Campaign Financing \$5.00 May Bo	e
23	28					Trust Fund Contribution Added to Fees	}
Zip	Country Zip Co			try		8. This corporation owes the current year Intangible	1
24	25 29 30					Personal Property Tax. ☐ Yes ØNo	
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent	]
WEBRE, HAROLD J ESQ 4001 TAMIAMI TRAIL NORTH SUITE 300 NAPLES FL 34103					Name Street A	Address (P.O. Box Number is Not Acceptable)	
			1	1	City	FL 85 Zip Code	
office or re	to the provisions of Sections 607.050 egistered egent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	horized l	by th	named i se corpo	corporation submits this statement for the purpose of changing its registe oration's board of directors. I hereby accept the appointment as registered	d dered
SIGNATURE						required when reinstating) DATE	_ 1
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register 12. OFFICERS AND DIRECTORS 1				gent s	agnature re	requited when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
TITLE	PD	☐ DELETE			<del></del> 7		ddition
NAME	BAUER, GEORGE P		1.2 NAME		ĺ		}
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CITY-ST-ZIP	THE CANADA OF GOOTS	☐ DELETE	2.1 TITLE		ZNP	ILLIC IS DOSE S TIChange IDA	addition
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CITY-ST-ZIP		∏ DELETE	3.4. CIT		4)P	☐ Change ☐ A	ddition
NAME		المرابد المرابد	4. 2 NAA		j	Source D.	
OWNER I						T .	

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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TILE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME