


**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90005 043 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000027747**

1. Corporation Name

MVC GROUP OF SW FLORIDA, INC.

Principal Place of Business

4124 32ND AVE SW  
NAPLES FL 34116

Mailing Address

4124 32ND AVE SW  
NAPLES FL 34116

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

03/23/1998

4. FEI Number

54-3515195

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes☐ No

9. Name and Address of Current Registered Agent

SCHELLING & COTTER P.A.  
999 9TH ST SOUTH #103  
NAPLES FL 34102

10. Name and Address of New Registered Agent

81 Name

TIMOTHY J. COTTON, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

999 9TH STREET SOUTH #103

83

84 City

NAPLES

FL

85 Zip Code

34102

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

2-1-99

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT & DIRECTOR	<input type="checkbox"/> DELETE
NAME	VICKY J. CAMP	
STREET ADDRESS	4124 32ND AVE SW	
CITY-ST-ZIP	NAPLES FL 34116	

TITLE	VICE - PRESIDENT	<input type="checkbox"/> DELETE
NAME	MICHAEL CAMP	
STREET ADDRESS	4124 32ND AVE SW	
CITY-ST-ZIP	NAPLES FL 34116	

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICKY J. CAMP

2/24/99

Date

352-8718

Daytime Phone #

CR2E034 (1/98)