**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

## FILED May 08, 1999 8:00 am Secretary of State 05-08-1999 90014 042 \*\*\*150.00

1999 DIVISION OF CORPORATIONS											
DOCU 1. Corporati	IMENT #	P98000	028762								
	ON ASSOCIA	res. Inc.						~			
IWI OI II	OR ADDOOM	(20, 1110					I ABROVERN HAD HADRE DELEM BANDO A GROUP	LE LIN EXPINE PLES			
Principal Pla	ce of Business		Mailing Address								
1904 COUNTESS COURT 1904 COUNTESS COURT							1				
NAPLES FL 3	4110		NAPLES FL 34110				DO NOT WRITE	IN THIS SPA	ACE		
							3. Date Incorporated or Qualifed				
							03/26/1998				
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number 500345	•		Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				37 3300373				
	i. #, eic.	27	Jile, Api. #, eic.			5. Certificate of Status Desired					
22 27 City & State City & State					5		-6,-Election Campaign Financing S5.00 May Be				
23			28				Trust Fund Contribution	<u> </u>	Added to	Fees	
Zip		Country	Zip	ᅳᅃ	intry		8. This corporation owes the current		ble	⊉f•o	
24				30	·		Personal Property Tax.  10. Name and Address of New Reg			21110	
	9. Name and	Address of Current	Kedisteled Agent		81	Name	Id. Halle and Halless e. Her Ite				
KIT	CHTON, RONAL	D			82	Charact Adda	ess (P.O. Box Number is Not Acceptable				
1904 COUNTESS COURT					02	Street Addr	ess (P.O. Box Number is Not Acceptable	- -			
NAPLES FL 34110											
1	Country Zip  28  29  9. Name and Address of Current Registered Agent  ITCHTON, RONALD  904 COUNTESS COURT  APLES FL 34110				84	City	···	<b></b> 8	5 Zip C	ode	
						]``  `` <b>`</b>					
11. Pursuan office or	nt to the provisions registered agant;	of Sections 607.0502 or both; in the State o	end 607,1508, Florida Statut Florida: Such change was a	es, the a uthorized	bove i by i	i-named corp the corporation	oration submits this statement for the pu on's board of directors, I hereby accept to	rpose or cha he appointme	ant as reg	istered	
agent. I	am familiar with, a	nd accept the obligati	nos of, Section 607.0505, Flo	nda Stat	utes.					j	
SIGNATURE	Signature, typed or prin	ted name of registered spans	and the if applicable. (NOTE	: Registered	Agent	t signature required	d when reinstating)	DATE			
12.		OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC		IRECTOR	RS IN 12	
m.e	PLESINE		☐ DELETE	1.1 T				L	Charge		
RAME	ROVALD T. K 1904 COU	LITCHTON .		1.2 NAME 1.3 STREET ADDRESS		4000555					
STREET ADDRESS	NAPLES F	VIESSOT.			TY-\$1	I					
CITY-ST-ZIP			☐ DELETE	2111		·2F	·		Change	Addition	
NAME	VILE PRESIDENT			-						J	
STREET ADDRES	DONNA FICHTON C-			22 N	WE	1				l l	
CITY-ST-ZIP	S 1904CO	INTESS CT				ADDRESS			, <u>-</u>		
	NAPLES	LATESS CT.		23 ST	REET ITY-SI					- Addition	
TITLE	NAPLES	LATES CT.	☐ DELETE	2.3 ST 2.4 C 3.1 Tf	REET ITY-SI TUE				Change	Addition	
TITLE NAME	NAPUZS	ichion CT. i,Fl 34110	☐ DELETE	2.3 ST 2.4 C 3.1 T/ 3.2 N/	TREET TY-ST TUE	T-25P				Addition	
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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.