

**PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000032223

NAPLES BUSINESS CENTER, INC.

	Principal Place of business				
	2338 IMMOKALEE ROAD				
Į	SUITE 101 NAPLES FL 34110				
	NAPLES FL 34110				

## FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90071 019 \*\*\*150.00



Principal Place of Business Mailing Address					I Matte at the level saint abilit and	<b>W</b> 211 <b>0</b> 1121 <b>0</b> 11210 11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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SUITE 101		SUITE 101			DO NOT WRITE IN THIS SPACE			
NAPLES FL 341	10	NAPLES FL 34110			3. Date Incorporated or Qualifed	<u> </u>		
					04/08/1998	The same of the sa	1	
	(During the Control of the Control o	2a. Mailing Address			4. FEI Number	Apr	lied For	
	ace of Business	— ·			65-0850228	<u> </u>	Applicable	
21	4 010	Suite, Apt. #, etc.				\$8.75 A		
Suite, Apt. a	#, etc.		-		5. Certificate of Status Desired	Fee Rec		_
City & State		City & State		6. Election Campaign Financing \$5.00 May 8e				
23	2	28			Trust Fund Contribution	Added to		
Zip	Country	Zip	Cou	intry	8. This corporation owes the current year In	ntangible		
24	25		iō -		Personal Property Tax.	Yes	□No	
241	9. Name and Address of Current				10. Name and Address of New Registered	t Ágent		
				61 Name				
RAPI	d usa visas, inc.			82 Street Addre	ess (P.O. Box Number is Not Acceptable)			
1198	3 Tamiami trail			az Street Audit	ess (F.O. BOX Humber in 1407 associatio)			
SUIT	E 100			83			- 	
NAPI	LES FL 34110					B5 Zip C		
				84 City	F			
office or re agent, i ar	to the provisions of Sections 607,0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607,1508, Florida Statutes of Florida. Such change was aut ions of, Section 607,0505, Florid	the a horized ta State	bove-named corporation the cor	oration submits this statement for the purpose on on's board of directors. I hereby accept the app	of changing its reginiment as reg	egistered istered	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: F	legistered	Agent signature required	d when reinstang) DATE			8
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS A		(S IN 12	CR2E034 (11/98)
TMLE	PRESIDENT.	☐ DELETE	1.1 Ti	TLE	•	☐ Change	Addition .	-
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14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3XI), 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 each; 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.

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