**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEFARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000032890 1. Corporation Name

ALPHA OMEGA ENTERPRISES OF NAPLES INC.

## Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90143 027 \*\*\*158.75

Principal Flace of Business	Mailing Address			40 11110 11201 19110 1	
431 14TH AVENUE, N.E.	431 14TH AVENUE, N.E.				
NAPLES FL 34120	NAPLES FL 34120		DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualifed		
			04/09/1998		
2. Principal Place of Business	2a. Mailing Address	<b>5</b>	4. FEI N imber	Ap	lied For
21 9140 BOWITA BEACH Rd	26 9140 BOWITH	BEACH Rd.	65-089-7609		Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	<b>\$8.75</b> A	II
City & State	City & State		6. Electic n Campaign Financing	\$5.00	Vav Be
23 BONITA SPRINGS, FL.	28 BONITH SPRING	is, FI	Trust Fund Contribution	Added to	•
Zip Country	Zip	Country	8. This corporation owes the current year		<b>'</b> S
24 3 11 23 23		10 U21	Personal Property Tax.		. No No
9. Name and Address of Curr	en Registered Agent	81 Name	10. Name and Address of New Registers	u Agent	
EDWARDS, DIAN M		PWAL	T Aulisi		
271 20TH STREET, N.E.		82 Street Add	ress (P.O. Bo) Number is Not Acceptable)		
NAPLES FL 34120		431	-14 MAVEINE		
NAI CEO I E STIZO		83			
		84 City N.4	alec =	85 Zip C	ode
	FOC. 1 007 4500 Florid Other	1 1 7-	•	2/	20_
11. Pursuant to the provisions of Sections 607.03 office or registered agent, or both, in the Stat	502 and 607.1508, Florida Statutes te of Florida. Such change was aut	s, the above-named corp horized by the corporati	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as reg	registered sistered
agent. I am familiar with, and as cept the obli	bations of Bection 607.0505, Florid	da Statutes	7 7 7 7		
SIGNATURE Strature, typed or printed name of registered a	Culie JAN	ETC. AULIS Registered Agent signature require	1 PRESIDENT 3-25-9	7	
	ANI) DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS RESIDENT/VICE/REPAPP ANET C, A ULS	AND DIRECTO	FIS IN 12
TITLE VICE PRESIDENT		1.1 TITLE  2	RESIDENT/VICETRE PNP	Denange	Addition
NAME THERESE R. NEAUL		1.2 NAME	ANET CLAULIS		
STREET ADDRESS 431 -147 And N.E		1.3 STREET ADDRESS	131-14 III ATENC		, - T
CITY-ST-ZIP NAPLES, F1. 3412	o	1.4 CITY-ST-ZIP	IAPLES, F1. 34120-2312		
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STREET ADDRESS		2.3 STREET ADDRESS	71-141h AVE 10		
CITY+ST-ZIP		2.4 CITY-ST-ZIP	VAPLES, F1 34120-2312		
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NAME				Change	Addition
STREET ADDRESS		32 NAME		Change	☐ Addition
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[ 0111-31-21				Crange	Addition
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	☐ DELETE	3.3 STREET ADORESS 3.4. CITY-ST-ZIP			
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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 or riffy that the information indicated on this annual report or suppliemental 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: