


**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90166 038 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P98000042179</b> 1. Corporation Name <b>J&amp;J NAPLES ENTERPRISES, INC.</b>			
Principal Place of Business <b>1701 GULFSTAR DR. #101</b> <b>NAPLES FL 34112</b>		Mailing Address <b>1701 GULFSTAR DR. #101</b> <b>NAPLES FL 34112</b>	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 _____ Suite, Apt. #, etc. 22 _____ City & State 23 _____ Zip _____ Country _____ 24 _____ 25 _____		2a. Mailing Address 26 <b>517 Castello Dr.</b> Suite, Apt. #, etc. 27 <b>Suite 1</b> City & State 28 <b>Naples, FL</b> Zip _____ Country _____ 29 <b>34103</b> 30 <b>USA</b>	
3. Date Incorporated or Qualified <b>05/07/1998</b>		4. FEI Number <b>05-0836111</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent <b>VILLADA, JOHN JR.</b> <b>3071 42ND ST. S.W.</b> <b>NAPLES FL 34116</b>	
9. Name and Address of New Registered Agent 81 Name <b>James W. Amburn</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>517 Castello Dr.</b> 83 <b>Suite 1</b> 84 City <b>Naples</b> <b>FL</b> 85 Zip Code <b>34103</b>		10. 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, of 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 <i>James Amburn</i> <b>James Amburn</b> <b>3/9/99</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS TITLE <b>PDST</b> <input type="checkbox"/> DELETE NAME <b>LUEDEMANN, RENATE F DR.</b> STREET ADDRESS <b>1701 GULFSTAR DR., #101</b> CITY-ST-ZIP <b>NAPLES FL 34112</b>		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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

*DR. RENATE LUEDEMANN*  
**DR. RENATE LUEDEMANN****02-22-99**

Date

Daytime Phone #

**941-774 7508**

CR2E034 (1/98)