PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000059829

WHAT'S NEW? OF NAPLES, INC.

		Malling Address					
Principal Place	of Business	Malling Address					
2825 SANDPIPER ST APLES FL 34102 NAPLES FL 34102				DO NOT WRITE IN TH	IIS SPACE		
					3. Date incorporated or Qualifed	· -	
					07/06/1998		
2 Principal Di	ace of Business	2a. Mailing Address			4. FEI Number	/ Ap	plied For
1	ace of equiness	26			59-3519991	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Re	
City & State		City & State	-		6. Election Campaign Financing	\$5.00	мау ве
		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country		8. This corporation owes the current year	Intangible	
<u>ו</u> ב	25		30		Personal Property Tax.		□No
·1	9. Name and Address of Curre				10. Name and Address of New Register	ed Agent	
	•		81	Name			
rankin, douglas L 2335 Tamiami Trail North, suite 308			82	82 Street Address (P.O. Box Number is Not Acceptable)			
			[]				
NAP	LES FL 34103		83				
5			84 City FL 85 Zip Code				
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig		s, the above	e-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its	registered
11. Pursuant office or r agent. I a		e of Florida. Such change was adjustions of, Section 607.0505, Flori	s, the above thorized by ida Statutes	e-named corp the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its pointment as re	registered gistered
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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. CITY-ST-ZIP

STIPLET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

□ DELETE

Change

Addition

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90107 015 ***150.00