FILE NOW: FILING FEE AFTER MAY 1ST)IS \$550.00

Mailing Addross

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000066396

CITY-ST-ZIP

SPLASH ENTERPRISES, INC. OF COLLIER-LEE

	e of Business	Mailing Address					
P. O. BOX 1792)	P. O. BOX 1792					
NAPLES FL 341		NAPLES FL 34106-1792					
220 . 2	•••••				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					07/27/1998		
2 Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	pplied For	
	,	26			-59-3524401 N	lot Applicable	
Suite, Apt.	# ata	Suite, Apt. #, etc.			_ \$8.75	Additional	
	#, 6 10.	27			E Cartifonto of Status Doctrod	Required	
22		City & State			6. Election Campaign Financing \$5.00	May Be	
City & State	e .	<u>⊢¬</u> ′			1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	to Fees	
23		Zip	Country			101000	
Zip	Country	—	_ '	,	8. This corporation owes the current year Intangible	∑ No	
24	25		30		Personal Property Tax. Yes 10. Name and Address of New Registered Agent	20110	
	9. Name and Address of Current	Registered Agent	81	I Nome	10. Name and Address of New Registered Agent		
no n	E MATERIALI		61	Name	•		
Pope, Kathryn L 2804 Santa Barbara Blvd.			82	Street Add	Street Address (P.O. Box Number is Not Acceptable)		
NAP	LES FL 34116		83	1			
			84	City	■ 85 Zip	Code	
					FL	j	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abov	e-named corp	poration submits this statement for the purpose of changing it	s registered	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida Such change was au	innazea av	tine cornorau	on's board of directors. I hereby accept the appointment as r	egistered	
	itt fattillat with, and accept the obligate	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-		1	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Age	ent signature require	ed when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		Change	Addition	
NAME	POPE, KATHRYN Ł					I	
TOTIL			1.2 NAME	I .			
OTDEET ADDDEED							
STREET ADDRESS	P. O. BOX 1792		1.3 STREE	ET ADDRESS	,		
CITY-ST-ZIP		□ DELETE	1.3 STREE	ET ADDRESS	, Change	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.

6.4 CITY-ST-ZIP

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90117 004 ***150.00