1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000068388

M.D.W. PROPERTIES, INC.

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

04-27-1999 90124 021 ***150.00

144-12-14-	FHOREITIES, INC.									
Principal Place	e of Business	Mailing Address					1 10031000 110 10101 10111 0011		17	10101 10() 1831
889 111TH AVE	E. NORTH	889 111TH AVE. NORT NAPLES FL 34108	ዝ							
							DO NOT W	RITE IN TH	IIS SPACE	
							Date Incorporated or Qualif 08/05/1998	ed		
2. Principal P	lace of Business	2a. Mailing Address					Et Number		A	plied For
21		26					65-086038	\Rightarrow	N	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		•		5.0	Certifcate of Status Desired		\$8.75	1
22		27				J. C			Fee R	quired
City & Stat	e	City & State					Election Campaign Financir	ig m	\$5.00	
23		28					Trus Fund Contribution		Added t	o Fees
Zip				untry			This corporation owes the c	urrent year		Пы-
24	25	[29]	30	1			Personal Property Tax.	u Basistara	Yes -	□No
ļ	9. Name and Address of Cur	rent Registered Agent		81	Name		Name and Address of Nev	w Registere	ed Agent	
GRE	GORY, C. NEIL			"	IVAILLE					
850	PARK SHORE DR.			82	Street	,\ddress (P.C	D. B x Number is Not Acce	ptable)		
1	RD FLOOR			83						
NAP	LES FL 34103			84	City				. 85 Zip (Code
					_				L ° 2	
11. Pursuant	to the provisions of Sections 607.0 registered agent, or both, in the Sta	0502 and 607.1508, Florida State of Florida, Such change w	atutes, the a	above	e-named	Lorporation : oration's boa	submits this statement for t ird of directors. I hereby ac	he purpose cept the ab	of changing its	registered gistered
agent. I a	m familiar with, and accept the obl	igations of, Section 607.0505,	, Florida Sta	itutes.		.,,				*
SIGNATURE										
	Signature, typed or printed name of registered		- <u> </u>	_	t signature r	required when rein		DAT	AND DIRECTO	DC IN 12
12.	OFFICERS	AND DIRECTORS DELETE	13.				DDI IONS/CHANGES TO	OFFICERS	Change	Addition
TITLE		□ DELET		TITLE		PDST	Suntan		ondrigo	X ,
NAME			3	NAME		Mark	CDUUISON			
STREET ADD RESS			1.3 S		ADDRESS					
CITY-ST-ZIP						884 []	DWILSON In Avenue N.			İ
TITLE		Предете	140	CITY-ST	r-ZIP	Naple	1th Avenue N. SFC 34108		Change	□ Addition
NAME.		☐ DELETE	14 C	CITY-ST	-ZIP	Napie	S PL 34108		Change	Addition
		☐ DELETE	14 C E 2.1 T 2.2 N	CITY-ST TITLE NAME		Napre D Genn	<u>s FC 34108 </u>		☐ Change	∑X ⁴ ddition
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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 supplements I 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 Charter 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:

MANUTURE AND EXPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99

941-592-1800

R2F034 (11/0