SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000071296 Corporation Name

Country

9. Name and Address of Current Registered Agent

25

SHEAR, STEVEN

9020 GULFSHORE DRIVE NAPLES FL 34108

GULFVIEW DIPPER DEL, INC.

Principal Place of Business Mailing Address 9020 GULFSHORE DRIVE 9020 GULFSHORE DRIVE NAPLES FL 34108 NAPLES FL 34108

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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FILED Jul 19, 1999 8:00 am Secretary of State

07-19-1999 90008 034 ***150.00

	DO NOT WRITE IN THIS SPA	
	3. Date Incorporated or Qualified 08/12/1998	
	4. FEI Number	Applied For
	Dx 65-0856537	Not Applicable
	5. Certificate of Status Desired \$	8.75 Additional Fee Required
	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	This corporation owes the current year Intangible Personal Property.	es No
10. Name and Address of New Registered Agent		
Name		
Street Addres	ss (P.O. Box Number is Not Acceptable)	
City	FL ⁸	5 Zip Code
amed corpora he corporation	tion submits this statement for the purpose of change o's board of directors. I hereby accept the appointment	ing its registered ent as registered
ent signature require	ed when reinstating) DATE	

Ξ

 Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required (2/3)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12, 1.1 TITLE __ Change ___ Addition TITLE DELETE CR2E034 SHEAR, STEVEN 1.2 NAME NÁME 291 BURNING TREE DRIVE 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 34105 1.4 CITY-ST-ZIP CITY-ST-ZIP Change 2.1 TITLE Addition TITLE __ DELETE SHEAR, ROBIN 22 NAME NAME STREET ADDRESS 291 BURNING TREE DRIVE 2.3 STREET ADDRESS NAPLES FL 34105 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3,1 TITLE Change ___ Addition 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CiTY-ST-ZIP 4,1 TITLE ___ Change ___ Addition TITLE DELETE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4,4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.1 TITLE Change Addition TITLE DELETE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

Country

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83 84

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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

941 77737 Sulfuew Dipper Del 59000071296

Surry der being late

We have no record of receiving first

Notice
Please accept this pyment enclosed

thank you

Steven Shear