

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



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000073796

**1. Corporation Name**

241 NORTH, INC.

**Principal Place of Business**

241 N. COLLIER BLVD.  
MARCO ISLAND FL 34145

P.O. BOX 159  
MARCO ISLAND FL 34146

2. Principal Place of Business		2a. Mailing Address <b>26 130 GREENBRIER</b>	4. FEI Number <b>65-0858403</b>	Applied For
21 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	Not Applicable	
22 _____		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
23 City & State		28 City & State <b>MARCO ISLAND, FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24 Zip <b>25</b>	Country	Zip <b>29 34145</b>	Country <b>30</b>	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Name and Address of New Registered Agent				

05-06-1999 90022 007 \*\*\*150.00

**May 06, 1999 8:00 am  
Secretary of State**



**DO NOT WRITE IN THIS SPACE**

3. Date Incorporated or Qualified <b>08/24/1998</b>		
4. FEI Number <b>65-0858403</b>	<input type="checkbox"/>	Applied For  <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Name and Address of New Registered Agent		

11. 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, or 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** \_\_\_\_\_ (Signature, hand or printed name of registered agent and title if applicable) **(NOTE: Registered Agent signature required when reinstating)** \_\_\_\_\_ **DATE** \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERDI, GAETANO		1.2 NAME	
STREET ADDRESS	130 GREENBRIER		1.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL 34145		1.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERDI, ANNALISA		2.2 NAME	
STREET ADDRESS	130 GREENBRIER		2.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL 34145		2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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, on an attachment with an address, with all other like empowered.

**SIGNATURE:**

1. SCHENKED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-07-99 941-642-7577

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#### Routine Checks

CR2E034 (11/98)