

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90255 024 ***150.00

DOCUMENT #

1. Corporation Name

Black Dove, Inc.

Principal Place of Business

5100 N. Tamiami Tr.
Suite 201
Naples, FL 34103

Mailing Address

5100 N. Tamiami Tr.
Suite 201
Naples, FL 34103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/98

4. FEI Number

59-3528841

Applied For

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

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 5100 N. Tamiami Tr.

Suite, Apt. #, etc.

22 #201

City & State

23 Naples, FL

Zip

24 34103

Country

25 US

2a. Mailing Address

26 5100 N. Tamiami Tr.

Suite, Apt. #, etc.

27 #201

City & State

28 Naples, FL

Zip

29 34103

Country

30 US

9. Name and Address of Current Registered Agent

David J. Szempruch, P.A.
5100 N. Tamiami Tr., #201
Naples, FL 34103

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P.D.	<input type="checkbox"/> DELETE
NAME	Hiltrud Grieser	
STREET ADDRESS	5100 N. Tamiami Tr., #201	
CITY-ST-ZIP	Naples, FL 34103	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Gerald Swart	
STREET ADDRESS	5100 N. Tamiami Tr., #201	
CITY-ST-ZIP	Naples, FL 34103	
TITLE	S.T.	<input type="checkbox"/> DELETE
NAME	Ursula Swart	
STREET ADDRESS	5100 N. Tamiami Tr., #201	
CITY-ST-ZIP	Naples, FL 34103	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hiltrud Grieser 7/19/99

Date

941-261-8484

Daytime Phone #

CR2E034 (1/98)