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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000082087

1. Corporation Name

GRAND BAZAAR OF NAPLES, INC.

Principal Place of Business

101 10TH AVENUE SOUTH SUITE 210
NAPLES FL 34102

Mailing Address

101 10TH AVENUE SOUTH SUITE 210
NAPLES FL 34102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1998

4. FEI Number

59-3535151

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 1001 10TH AVE. SOUTH

22 SUITE 210

23 NAPLES, FL

24 34102 25 COLLIER

2a. Mailing Address

26 1001 10TH AVE. SOUTH

27 SUITE 210

28 NAPLES, FL

29 34102 30 COLLIER

9. Name and Address of Current Registered Agent

FRANK, ANN T
2124 AIRPORT ROAD SOUTH SUITE 102
NAPLES FL 34112

10. Name and Address of New Registered Agent

81 Name BRUCE E. MCNEIL
82 Street Address (P.O. Box Number is Not Acceptable) 1001 10TH AVE. S., SUITE 210
83
84 City NAPLES FL 85 Zip Code 34102

11. Pursuant to the provisions of Sections 607.0802 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, name or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/20/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MCNEIL, BRUCE E
STREET ADDRESS 101 10TH AVENUE SOUTH SUITE 210
CITY-ST-ZIP NAPLES FL 34102

TITLE D ☐ DELETE

NAME MCNEIL, DARYL L
STREET ADDRESS 101 10TH AVENUE SOUTH SUITE 210
CITY-ST-ZIP NAPLES FL 34102

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 1001 10TH AVE. S. SUITE 210

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 1001 10TH AVE. S. SUITE 210

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

Date

Daytime Phone #

941-434-5203