

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 06, 1999 8:00 am
Secretary of State

05-06-1999 90208 034 ***150.00

DOCUMENT # P98000084579

1. Corporation Name
REGEN T PLACE, INC.

Principal Place of Business
C/O CUMMINGS & LOCKWOOD
3001 TAMiami TRAIL NORTH, 4TH FLOOR
NAPLES FL 34103

Mailing Address
C/O CUMMINGS & LOCKWOOD
3001 TAMiami TRAIL NORTH, 4TH FLOOR
NAPLES FL 34103



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1998

4. FEI Number

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

2a. Mailing Address

21 C/O Chastang, Ferrell, Sims & Eschen

21 C/O Chastang, Ferrell, Sims & Eschen

59-3535261

22 Suite, Apt. #, etc.
4001 Tamiami Trail N. Suite 285

22 Suite, Apt. #, etc.
4001 Tamiami Trail N. Suite 285

23 City & State
Naples, Florida

23 City & State
Naples, FL

24 Zip
34103

24 Zip
34103

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLASP INC.
C/O CUMMINGS & LOCKWOOD
3001 TAMiami TRAIL NORTH, 4TH FLOOR
NAPLES FL 34103

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
4001 Tamiami Trail North

83 Suite 285

84 City
Naples

FL

85 Zip Code
34103

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, Sections 607.0502 and 607.1508, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE

NAME COX, JOE B
STREET ADDRESS 3001 TAMiami TRAIL NORTH, 4TH FLOOR
CITY-ST-ZIP NAPLES FL 34103

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME Lawrence S. Chastang
1.3 STREET ADDRESS 4001 Tamiami Trail North, Suite 285
1.4 CITY-ST-ZIP Naples, Florida 34103

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0455478