

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 04, 1999 8:00 am Secretary of State

05-04-1999 90088 009 ***158.75

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DOCUMENT # P98 000090990

1. Corporation Name

EXIT IS COMMERCIAL CORPORATION

Principal Place of Business

Mailing Address

4500 EXECUTIVE DRIVE

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/98

2. Principal Place of Business

2a. Mailing Address

4500 EXECUTIVE DRIVE

26 4500 EXECUTIVE DRIVE

4. FEI Number

59-3554974

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 300

27 SUITE 300

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

City & State

City & State

NAPLES FLORIDA

28 NAPLES FLORIDA

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Zip

Country

25 USA

Zip

Country

30 USA

8. This corporation owes the current year Intangible Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NAPLES - LAW DOCK INC.

4501 TAMiami TRAIL NORTH

SUITE 300

NAPLES FL 34119

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PRESIDENT	ROBERT S. HAROY	10644 Airport Road North #32	NAPLES FL 34109	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	ROBERT S. HAROY	10641 Airport Road North #32	NAPLES FL 34109	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY	JANET KELLY	4500 EXECUTIVE DRIVE #300	NAPLES FL 34119	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TREASURER	JANET KELLY	4500 EXECUTIVE DRIVE #300	NAPLES FL 34119	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VICE PRESIDENT	R. PAUL HAROY	4500 EXECUTIVE DRIVE #300	NAPLES FL 34119	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

JANET KELLY TREASURER

4/22/99

(941) 552-9066

CR2E034 (11/98)