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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

4XIT IS COMMODILIAL ANRONO ATTION)

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90088 009 ***158.75

| CA ; · | CONTOCH TRUTO | | | | | 479146 - 90688 - 9 | | | |
|---|---|------------------------------|---|--|--|---------------------------------------|---------------------------|--------------------------|-----------------------|
| Principal Place of | OF Business CHECUTIVE DRIVE | Mailing Address | | | | - | | · · | - |
| | | | | | | DO NOT WR | ITE IN THIS | SBACE | |
| | | | | | | Date Incorporated or Qualifect | | SFACE | |
| | | | | | | 10 /26/98 | 1 | | |
| 2. Principal Plac | re of Rusiness | 2a. Mailing Address | | | | 4. FEI Number | | TΔn | plied For |
| | EXELVILLE DRIVE | 26 4500 COLEC | 11/15 | - W | 110- | 59-355497 | | ⊢ | t Applicable |
| Suite, Apt. #. | | Suite, Apt. #, etc. | 717VE | 4/ | ive | 37 203 .77 | • . | \$8.75 | |
| | SUTTE 300 27 SUITE 300 | | | | | 5. Certifcate of Status Desired | Æ | Fee Re | |
| City & State | | City & State | | | | 6. Election Campaign Financing | | \$5.00 | May Bo |
| NAPU | ES FLORIDA | 28 NAPUZ | FC | DRID | 4 | Trust Fund Contribution | | Added to | • |
| Zip | Country | Zip | | intry | | 8. This corporation owes the cur | rent year Inta | ngible | |
| 3411 | q $_{25}$ VSA | 29 34/19 | 30 | USA | | Personal Property Tax. | | | □No |
| | 9. Name and Address of Current | Registered Agent | | | | 10. Name and Address of New | Registered / | Agent | |
| NAPIF | 3-1 AMIDON WA | 6 | | 81 Na | ime | | | | |
| NAPLES - LAW DOCK FNC. 81 Name 82 Street Addre | | | | | | ss (P.O. Box Number is Not Accept | able) | | |
| 4501 TAMIAMI TRAL NORTH | | | | | 001710010 | ios (r.e. cox ruinbar le riot riote | an, o, | | |
| SUITE | • | | | 83 | | | | | |
| | - | | | 84 Ci | | | | 85 Zip C | 'oda |
| NAPL | ES FL 34119 | | | 84 Ci | ıy | | FL | 85 Zip C | loue |
| 11. Pursuant to | the provisions of Sections 607.0502 istered agent, or both, in the State of | and 607.1508, Florida Statut | es, the a | bove-nai | ned corpo | ration submits this statement for the | purpose of o | changing its | registered istered |
| | familiar with, and accept the obligati | | | | | | , | | , |
| SIGNATURE | | | | | | | | | |
| | gnature, typed or printed name of registered agent | | | Agent sign | nture required | when reinstating) | DATE | D DIDECTO | DC IN 40 |
| 12. | OFFICERS AND | DELETE | 13. | | 100 | ADDITIONS/CHANGES TO OF | FICERS AN | ☐ Change | Addition |
| TITLE | | | 1.1 11 | | | ESIQUNT | | ☐ Glange | A AGORDIN |
| NAME | | | 1.2 N | | KU | BORT S. HARDY | woth: | # 2n | |
| STREET ADDRESS | | | | TREET ADDI | RESS / 00 | 141 Minport Road 1 | OULT FI | 700 | |
| CITY-ST-ZIP | | ☐ DELETE | | TY-ST-ZIP | | (APLES FZ 3410 | 9 | ☐ Change | Addition |
| TITLE | | ☐ DECEIE | 2.1 TI | | | RECTOR | | ☐ Change | Addition |
| NAME | | | 2.2 N/ | | 1 | BERT S. HARDY | nanth | ++ 30 | |
| STREET ADDRESS | | | | TREET ADDI | ESS /D | 1041 AIRPORT ROAD | COCICIFI | 77 00 | |
| CITY-ST-ZIP | | ☐ D€LETE | _ | ITY-ST-ZIP | | | | | Addition |
| TITLE | | | | | ا | 1 AALPS FL 34/09 | <u>/ · — — </u> | Channa | |
| NAME | | C3 occure | , 3.1 TI | | 56 | CREIMY | <u>-</u> | Change | T'AGAIGH |
| STREET ADDRESS | | LJ UGLETE | 3.2 N/ | AME | 5E | CREIMY | TANET | Kay | . 7 |
| CITY-ST-ZIP | | G DELETE | 3.2 N/ 3.3 ST | AME FREET ADDF | 56 ESS 23 | # 4500 EXELUTIVE | F DRIVE | Kay | . 7 |
| | | | 3.2 N/ 3.3 ST 3.4. C | AME TREET ADDF ITY-ST-ZIP | | NAPLES FL | JANET E DRIVE 34119 | KOLY #300 | > |
| | | ☐ DELETE | 3.2 N/ 3.3 ST 3.4. C 4.1 TI | AME TREET ADDF ITY-ST-ZIP TLE | 772 | NAPLES FE | F DRIVE | Kay | . 7 |
| NAME | | | 3.2 N/ 3.3 ST 3.4. C 4.1 TI 4.2 N | AME TREET ADOF ITY-ST-ZIP TLE AME | 772 | NAPLES FE | 5 DLIVE 34119 | KOVY #300 □ Change | > |
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| NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE | | □ DELETE | 3.2 NV 3.3 S1 3.4 .C C 4.1 TI 4.2 N 4.3 S1 4.4 CI 5.1 TI 5.2 NA 5.3 S1 5.4 CI 6.1 TI 6.2 NA 6.3 S1 | AME TREET ADDR TITY-ST-ZIP TLE AME TREET ADDR TY-ST-ZIP TLE AME TREET ADDR TY-ST-ZIP TLE TY-ST-ZIP TLE TY-ST-ZIP | TILL THE SESS 45 NO VICE R. H.S. H.S. H.S. H.S. H.S. H.S. H.S. H | NAPLES FE | 5 DLIVE 34119 | Change | Addition |

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.