FILED Feb 24, 1999 8:00 am Secretary of State 02-24-1999 90192 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000099739 1. Corporation Name								
HERITAGE HOLDINGS OF NAPLES, INC.								
RENITAG	E HOLDINGS OF MAPLES,	INO.			e normone neo enero hária patri ostir dario r	ur a roma f a fili l a son k	12 0 1011 100 1	
Dringing Blac	o of Business	Mailing Address			I (BESYDES TIE EDING LEGIES CONTIN BOTH) ORISE OF	kiti diittii suuri cuuru c	iyah ubu angu	
Thirdpoint took of Data-State								
820 PONDSIDE LANE 1820 PONDSIDE LANE IAPLES FL 34109 NAPLES FL 34109								
## 	~				DO NOT WRITE IN	HIS SPACE		
					3. Date Incorporated or Qualifed			
					11/30/1998	1140	plied For	
	lace of Business	2a. Mailing Address			4. FEI Number		Applicable	
21		Suite Ant # plc			36 38 0 10 VI	\$8.75		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	. Fee Re		
22		City & State			6. Election Campaign Financing	\$5.00	May Be	
City & Star	ia.	28			Trust Fund Contribution	Added t		
23 Zip	Country	Zip	Coun	try	8. This corporation owes the current year	ır İntangible		
24	25	29	30		Personal Property Tax.	☐ Yes	□No	
24	9. Name and Address of Curre				10. Name and Address of New Registe	red Agent		
			[1	Name				
	BLEWSKI, RONALD T		<u>}</u>	B2 Street Add	dress (P.O. Box Number is Not Acceptable)			
1820 PONOSIDE LANE		L						
Napi	ES FL 34109		į:	83				
			- 1	84 City		85 Zip	Code	
				'	• • • •	FL T		
11, Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the about the contract	ove-named cor hv the comoral	rporation submits this statement for the purporation's board of directors. I hereby accept the a	se of changing its ppointment as re	gistered	
agent. I a	an familiar with, and accept the oblig	ations of, Section 607.0505, Flo	rida Statul	83.	rporation submits trits statement for the purportion's board of directors. I hereby accept the a			
SIGNATURE								_
	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE ND DIRECTORS	13.	Geut sithearter under	ADDITIONS/CHANGES TO OFFICER		RS IN 12	CR2E034 (11/98)
12.	D OFFICERS A	☐ DELETE	1,1 TITL	E T		Change	Addition	£
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	NAPLES FL 34109							8
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es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the informati-is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in address, with all other like empowered. 14. I hereby certify that the information supplied with this filing of indicated on this annual report or supplemental annual report office or director of the corporation or the receiver or truste Block 12 or Block 13 if changes. On an attachment with it

SIGNATURE: