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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000103175

1. Corporation Name

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

03-04-1999 90112 037 ***150.00

	ENTERPHISES OF NAPLES	, ING.			
Principal Plac	e of Business	Mailing Address			T (00/1/00) (10/0 10/0) CONTROL OR THE ORIGINAL PROPERTY OF THE PROPERTY OF TH
•	IUE SOUTH #301	1100 5TH AVENUE SOUTH #30 NAPLES FL 34102	D1		
THE ELOTE STA	•				DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					12/10/1998
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number X Applied For
21		26			Not Applica
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired
22		27		-m	
City & Stat	te	City & State		-	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23	Country	28	Country		This corporation owes the current year intangible
Zip	25	29 30	¬ `		Personal Property Tax.
24	9. Name and Address of Curren		-		10. Name and Address of New Registered Agent
	o. Hame and Address of Carron		81	Name	
DALT	ron, timothy G Jr.		_	<u> </u>	(D.O. Davidson in Mad Accordable)
	5TH AVENUE SOUTH #301		82	Street /	Address (P.O. Box Number is Not Acceptable)
NAPL	LES FL 34102		83		
,			84	City	FL 85 Zip Code
agent. I a	am familiar with, and accept the obliga	tions of, Section 607.0505, Florid	a Statutes	i.	poration's board of directors. I hereby accept the appointment as registered
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D				ADDITIONO OF PAROLO TO OFFICE PAROLE STATE OF THE STATE O
NAME	117	☐ DELETE	1.1 TITLE	_	P/T/M Thange Add
	1 -		_		P/T/M ★ Change Add
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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 angual 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

REQUIRED SIGNING OFFICER OR DIRECTOR

2/4/99

(941) 261-3555