

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
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90251 013 ***150.00

DOCUMENT # S13897

1. Corporation Name

TREISER, KOBZA & VOLPE, CHARTERED

Principal Place of Business

THE NORTHERN TRUST BLDG.
4001 TAMiami TRAIL N. SUITE 330
NAPLES FL 33940 34103

Mailing Address

THE NORTHERN TRUST BLDG.
4001 TAMiami TRAIL N. SUITE 330
NAPLES FL 33940 34103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1990

4. FEI Number

65-0233387

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

MR KIM PATRICK KOBZA
4001 NORTH TAMiami TRAIL
SUITE 330
NAPLES FL 33940 34103

10. Name and Address of New Registered Agent

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

TITLE VPDS ☒ DELETE

NAME KOBZA, KIM PATRICK
STREET ADDRESS 4001 NORTH TAMiami TRAIL, SUITE 330
CITY-ST-ZIP NAPLES FL

TITLE PTD ☒ DELETE

NAME RICHARD M TREISER
STREET ADDRESS 4001 NORTH TAMiami TRAIL, SUITE 330
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME P/D
STREET ADDRESS Treiser, Richard M.
CITY-ST-ZIP 4001 North Tamiami Trail, Suite 330
Naples, Florida 34103

2.1 TITLE ☒ Change ☐ Addition

NAME VP/D
STREET ADDRESS Kobza, Kim Patrick
CITY-ST-ZIP 4001 North Tamiami Trail, Suite 330
Naples, Florida 34103

3.1 TITLE ☐ Change ☒ Addition

NAME LTD
STREET ADDRESS Lieberfarb, Stanley J.
CITY-ST-ZIP 4001 North Tamiami Trail, Suite 330
Naples, Florida 34103

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-99

Date

941-649-4900

Daytime Phone #

CR2F034 (11/98)

0458857