## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 20 1998 8:00am

## Sandra B. Mortham

26 65-0234336 Not	
Principal Place of Business	
Residual Place of Business   Mailing Address   Septiment   Septi	
NAPLES FL 34102 US   DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 12/10/1990  2. Principal Place of Business 2a. Mailing Address 4. FEI Number Apr 21 26 65-0234336 Not	
2. Principal Place of Business         2a. Mailing Address         4. FEI Number         Apr           21         26         65-0234336         Not	
26 65-0234336 Not	
	lied For
	Applicable
Suite, Apt. #, etc.	ulred
City & State City & State 6. Election Campaign Financing \$5.00	
23 Trust Fund Contribution ☐ Added to Zip Country 8. This corporation owes or has paid the current year Inte	
En la company of the control of the	No
g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
LIEBERFARB, STANLEY J 81 Name Tamela Eady Wiseman, Esquire	
I I I I I I I I I I I I I I I I I I I	
4001 N. TAMIAMI TRAIL, SUITE 330 TREISER, KOBZA & VOLPE, CHTD.  82 Street Address (P.O. Box Number is Not Acceptable) 5121 Castello Drive, Suite 1	
NAPLES FL 34103 DeBoest, Knudsen, Stockman & Wiseman,	P.A.
84   Naples   FL   85   Zip C 341	
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 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 ragent. I am familier with, and accept the appointment as ragent. I am familier with, and accept the appointment as ragent. I am familier with, and accept the appointment as ragent. I am familier with, and accept the appointment as ragent. I am familier with a suppose the appointment as ragent. I am familier with a suppose the appointment as ragent. I am familier with a suppose the appointment as ragent.	registered gistered
agent. I am familier with, and accept the obligations of Section 607.0505, Florida Statutes.	
. // B. M. A // B. Carack/ / / / Mar. M. D	
SIGNATURE LINULA CODE /1/MAN CAN /-27-98	
1.2200	
SIGNATURE Signature: typed or printed name of registered powers bitle if applicable (NCITE: Registered Agent signature required when reinstating)  DATE	
SIGNATURE Signature typed or printed name of registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE P DELETE 1.1 TITLE  PUOPOLO, LOUIS A. 1.2 NAME	IN 12
SIGNATURE Signature: typed or printed name of registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  PUOPOLO, LOUIS A.  STREET ADDRESS  380 GULFSHORE BLVD.  1.3 STREET ADDRESS	IN 12
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SIGNATURE Signature: Typed or printed name of registered professional days and the state of the	IN 12 Addition Addition Addition

14. I hereby certify that the information supplied with this filling 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 13 if changed or the analysis of the corporation of the

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP