Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90026 011 ***150.00

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PROFIT CORPORATION ANNUAL REPORT. 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$25804

2334 QUEENS WAY

SOCHA, WILLIAM J.

24 BARRY LANE

NAPLES FL

SCOTIA NY

VTD

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZiP

CITY-ST-ZIF

TITLE

NAME

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NAME

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NAME

1. Corporation Name

SHADY LANE REALTY, INC.

Principal Place	e of Business	Mailing Address				t 100/1000 tid (160) bitte iatti datu aibi albit anni attit anni attit anni attit
C/O WALTER S		C/O WALTER SOCHA				
2334 QUEENS WAY 2334 QUEENS WAY						DO NOT WRITE IN THIS SPACE _
NAPLES FL 339	62	NAPLES FL 33962	د د رجه		تنوخترت وات	3. Date Incorporated or Qualifed
						01/02/1991
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59-3027006 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State City & State				6. Election Campaign Financing S5.00 May Be		
23 28 28						Trust Fund Contribution Added to Fees
Zip	Country	Zip	Co	ountry		8. This corporation owes the current year Intangible
24	·			0		Personal Property Tax. ☐ Yes ☐ No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
				81	Name	
SOCHA, WALTER J.						
2334 QUEENS WAY				82 Street Address (P.O. Box Number is Not Acceptable)		
NAPLES FL 33962				83		
]				1		
				84	City	FL 85 Zip Code
office or n agent. I a	W 1///. //: / V	<u>L</u>				corporation: submits, this, statement, for the purpose of changing, its registered ration's board of directors. I hereby accept the appointment as registered 3 1, 9
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE		TITLE	$\neg \neg$	☐ Change ☐ Addition
NAME	SOCHA, WALTER J.		12	1.2 NAME		
STREET ADDRESS	and Otherson Mark			1.3 STREET ADDRESS		
	NAPLES FL			CITY-S1	1	
CITY-ST-ZIP	VSD	☐ DELETE	_+	TITLE	<u></u>	☐ Change ☐ Addition
NAME	ACCULA COMPUTE IA			22 NAME		

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIF

2. 4 CITY-ST-ZIP

3.1 TITLE

32 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

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6.4 CITY-ST-ZIP 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 trye 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 acceiver or trustee employered 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: A

ING OFFICER OR DIRECTOR

9 WIDERWOOD DRIVE

Change

☐ Change

Change

Change

☐ Addition

Addition

Addition

Addition