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

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS OCHMENT #

**FILED** Feb 24 1998 8:00am Secretary of State

	on Name RES PLUS		o (U)		 	
Principal Plac	ce of Busines	<u> </u>	Mailing Address			IAN BARAN DIDAN BARAN BARAN BARAN DIRIN 1000
790 NEAPOLITAN WAY, SOUTH 790 NEAPOLITAN WAY.				/ CAUTH	Ì	
			NAPLES FL 30949	i. 300in		
-			•			E IN THIS SPACE
					3. Date Incorporated or Qualified	
2. Principal Place of Business			2a. Mailing Address		02/20/1991 4. FEI Number	Applied For
21 Trinopar vace or business			26		65-0248507	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		CQ 7E Additional
22			27		5. Certificate of Status Desired	Fee Required
City & State			City & State		6. Election Campaign Financing	\$5.00 May Be
23			28	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	Added to Fees
Zip 341	102	Country	7m	Country	8. This corporation owes or has pa	
24 341		25 COLLIETA and Address of Curre	[29] 34/03	30 COLLIER	Personal Property Tax due June 10. Name and Address of New Re	
			ant neglatered Agent	81 Name	10. Hante and Address of New A	Spieralen Walli
57		LE CIRCLE, J205			Address (P.O. Box Number is Not Accepta	ble)
IV.	APLES FL 33	3902		83		
				12.1		
				84 City		FL 85 Zip Code
		ions of Sections 607.05 ont, or both, in the Stat th, and accept the oblig	02 and 607.1508, Florida State of Florida Such change was gritions of Section 607.0505,	itutes, the above-named as authorized by the corp Florida Statutes.	corporation submits this statement for the loration's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
SIGNATURE	Signature, typical	or printed name of registered ag	gent and the if applicable (f	NOTE: Registered Agent signature	required when reinstating)	DATE
12.	<b>,</b>	OFFICERS AF	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
TITLE	D		☐ DELETE	1.1 TITLE		Change Addition
NAME		R, ROBERT W.		1.2 NAME	A	
STREET ADDRESS		VALIN-OT-		1.3 STREET ADDRESS	965 ALPINE DRIVE	·
CITY-ST-ZIP TITLE		HOLAND FL	DELETE	1.4 CITY-ST-ZIP 2 1 TITLE	TEAHECK, NJ 07666	Change Addition
NAME	D	, LYNETTE H.	C Detert	2 2 NAME		Change L Adollori
STREET ADDRESS		ARLIN CT		2.3 STREET ADDRESS	965 ALPINE DIZIVE	
CITY-ST-ZIP		<del>(SLAND F</del> L		2.4 CITY-ST-ZIP	TEANECK, NJ 07666	•
TITLE	D	TOD VID I L	DELETE	3.1 TITLE	7 2 1111 2 3 7 1 2 3 3 3 3 3	Change Addition
NAME	1 -	, JENNIFER L.		3.2 NAME		-
STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES	FL		34. CITY-ST-ZIP		
TITLE			DELETE	41 TITLE		Change Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS		1
CITY-ST-ZIP	ļ			4.4 CITY-ST-ZIP		F-1-20
TITLE			☐ DELFTE	5.1 TITLE		Change Addition
NAME	1			5.2 NAME		
STREET ADORESS	Ī			5.3 STREET ADDRESS		
CITY-ST-ZIP	.1			5.4 CITY-ST-ZIP		
			T being		<del></del>	Change Addition
TITLE			DELETE	61 TITLE	,	☐ Change ☐ Addition
NAME			DELETE	6 1 TITLE 6.2 NAME		☐ Change ☐ Addition
			☐ DELETE	61 TITLE		[] Change □ Addition

in annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a siver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in him will with an address. officer or director of the corporation or the red Block 12 or Block 13 if changed, or or an atta