## **FILE NOW: FILIN**

FEE AFTER MAY 1 IS \$55D.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997

Principal Place of Business

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPÓRATIONS

DOCUMENT #

Mailing Address

SURFACE WORKS INCORPORATED

(4)

**FILED** May 05 1997 8:00am Secretary of State



1801 COMMERCIAL DR NAPLES FL 33962 US			3740 27TH AVE S.W. Naples FL 34117-7132					
					<ol> <li>Date Incorporated or Qualified 03/25/1991</li> </ol>	3a. Date o 05/01/1	Last Report <b>996</b>	
2. Principal P	Place of Business	2a. Mailing Addres	S	•	4. FEI Number	<del>.</del>	Applied For	
21		26			59-3055009		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, et	C.		E. Cortificate of Ptotas Decised	¬ \$	B.75 Additional	
22		27			5. Certificate of Status Desired		Fee Required	
City & State		City & State			6. Election Campaign Financing	5	5.00 May Be	
23		28			Trust Fund Contribution Added to Fees			
Zip	Country	Zıp	Count	ry	8. This corporation has liability for	8. This corporation has liability for intangible tax under s. 199,032,		
24	25	29	30	·	· <del></del>	Yes N		
	9. Name and Address of C	urrent Registered Agent		1 Name	10. Name and Address of New Ré	gistered Ager	<u>t</u>	
	TE, PAMELA C.		ľ	1 Name				
	27TH AVE S.W.		82 Street Add		Address (P.O. Box Number is Not Acceptab	ile)	· · · · · · · · · · · · · · · · · · ·	
NAP	LES FL 33964							
			8	3				
			8	4 City		<b></b> 85	Zip Code	
						FLI	'	
Office of the	to the provisions of Sections 607 egistered agent, or both, in the limiting the familiar with, and accept the common familiar with a section of the	State of Fiorida, Such change	was aumonized	ov the cor	corporation submits this statement for the population's board of directors. I hereby acceptions	ourpose of cha of the appointn	nging its registered nent as registered	
SIGNATURE	Signature, typed or printed name of register	red agent and little if applicable	(NO <sup>†</sup> E Registered A	gent signature	e required when reinstating)	DATE		
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIR	ECTORS IN 12	
TITLE	DP	DELE	TE 1.1 TITLE				Change	
NAME	GUITE, PAMELA C.		1.2 NAM	[				
STREET ADDRESS	3740 27TH AVENUE S.W.		1.3 STRE	FT ADDRESS				
CITY-ST-ZIP	NAPLES FL		1.4 CITY	· ST - ZIP				
TITLE	V	<b>∑</b> DELET				M	Change Additio	
NAME	-SIMAC DANIEL		2.2 NAM	<u>:</u>	Parris A. Guite			
STREET ADDRESS	3740 27TH AVENUE SW		2.3 STRE	E1 ADDRESS	CINOMIC Dame, COM	Parris A. Guite Monage [] Addition (wrong name, correct address)		
CITY-ST-ZIP	NAPLES FL		2. 4 CITY	- \$1 - 7IP	(ω.σ.ι.			
TITLE	V	DELET	IE 3.1 YOUR				Change	
NAME	SIMAC, DANIEL		3.2 NAMI					
STREET ADDRESS	4611 19TH PL. SW		3.3 STRE	ET ADDRESS				
CITY-ST-ZIP	NAPLES FL 33999		3.4. CITY	- S1 - ZIP				
TITLE	V	☐ DELET					Change Additio	
NAME	Suarez, Gregario		4. 2 NAM	F				
STREET ADDRESS	989 SAN REMO AVE.		4.3 STRE	ET ADDRESS				
CITY-ST-ZIP	NAPLES FL 33942		4.4 CHY	ST-ZIP				
TITLE		☐ DELET					hange Additio	
NAME			5.2 NAMI	-				
STREET ADDRESS	i		5.3 STRE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY-	SI ZIP				
TITLE		☐ DELET					hange	
NAME			6.2 NAM					
STREET ADDRESS			6.3 STRE	T ADDRESS				
CITY-ST-ZIP			6.4 CITY	ST-ZIP				
14. I do hereb	by certify that the information sup	pplied with this filing does not	qualify for the ex	emotion s	stated in Section 119.07(3)(i), Florida Statutes	s. I further cert	fy that the	
intormatio I am an of appears it	in indicated on this annual repor fficer or director of the corporation in Block 12 or Block 13 if change	t or supplemental annual repo on or the receiver or trustee e ed, or on an attachment with a	ort is true and acc mpowered to exe in address.	curate and cute this i	I that my signature shall have the same lega report as required by Chapter 607, Florida S	l effect as if matatutes; and the	ade under oath; the at my name	