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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

S56096

(8)

GENERAL ENTERPRISES OF SOUTHWEST FLORIDA, INC.

**FILED** Feb 16 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address		4 (0014014 1010 01101 01011 00114 10110 0111 01101 01101 011011	. 41911 31911 31811 31811 31811 1891
1807 J & C I NAPLES FL S US		1807 J & C BLVD Naples FL 34109 US		DO NOT WRITE IN T	HIS SPACE
2. Principal F	Place of Business	2a. Mailing Address		05/28/1991	
ध २०२	O JEC Blud	26 2020 JE	c Blud	4. FEI Number	Applied For
Suite, Apt.		Suite, Apt. #, etc.		65-0262537	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
	VES_FL	City & State  28 NAPLES F	L	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
7/1/C	Country	7 Padina	o Collier	8. This corporation owes or has paid the	
24 3416	9. Name and Address of Current I	[29] O]JUI 3	o Comer	Personal Property Tax due June 30.	Yes No
				10. Name and Address of New Registe	red Agent
	OLDBERG, DAVID 611 MCGREGOR BLVD. (#3)				
FT. MYERS FL 33919			82 Street Address (P.O. Box Number is Not Acceptable)		
		•	83		
			84 City		es Zin Codo
					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					
12.	Signature typed or pointed name of registered agent in OFFICERS AND I		lugistered Agent signature rec		
TITLE	P	DILITE	13. 1.1 TIFLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME .	GREGORY A. WILK		1.2 NAME		CT cyanifa CT Manion
STREET ADDRESS	487 IBIS WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33942		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		•
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-ST-ZIP	·.	Observe TT 444Way
NAME			3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		j	3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Dr. Fre	4.4 CITY-ST-ZIP	** 1***	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			5.2 NAME		*.
CITY-ST-ZIP			5 3 STREET ADDRESS 5 4 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. Thereby c	cortify that the information supplied with	this filing does not autify for t		n Section 119 07(3)(i) Florida Statutes I furthe	r 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 change for orn an attachment with an address