FILED Apr 27, 1999 8:00 am Secretary of State

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # S60991

THE BILTMORE GROUP INCORPORATED

Principal Place	Mailing Address				- 11	Olivia ne ann amna iana rasa	. 1191 91911 8	11811 BIBIT BIBIT BI	DII DIBII IBBI	
1732 SAN BERN	IADINO	853 VANDERBILT BCH. RD.								
NAPLES FL 34109		#308			DO NOT WRITE	IN THIS	SPACE			
		NAPLES FL 34108		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified						
						06/17	·			
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Nu			Apr	lied For	
21	acc of Basiliess	26				65-02	65971		Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5 Cortifor	te of Status Desired		\$8.75 A	
22						5. Certiros		<u> </u>	Fee Red	uired
City & State		City & State					Campaign Financing	П	\$5.00	-
23		28					und Contribution		Added to	Fees
Zip	Cour try	Zip	Count	гy			rporation owes the currer	nt year Int		√hio.
24	25	29	30				al Property Tax.  and Address of New Re			,⊠No
	9. Name and Address of Current	Registered Agent	8	11	Name	tu. Name	and Address of New Ne	gistert u	Agent	
VALE	ERIO, JAMES H.		Ľ							
	SAN BERNADINO		82 Street Acc			ress (P.O. Bo)	Number is Not Acceptab	le)		
	LES FL 34109		8	3		<del></del>				
				_						
			8	34	City			FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the abo	L ove-r	named ccrp	poration submi	s this statement for the p	urpose of	f changing its	registered
office ( F n	egistered agent, or both, in the State c m familiar with, and accept the obligati	ர் Florida. Such change was எ	uthorized b	วง เท	e corporati	ion's board of d	irectors. I hereby accept	the apro-	intment as reg	stered
	m tarmilar with, and accept the obligati	ons ar, deciron controlog, 150	nda Otatati							
SIGNATURE	Signature, typed or printed na ne of registered agent	and title if applicable. (NOT	Registered A	gent s	ignature require	ed when reinstating)		DATE		
12.	OFFICERS ANI		13.			ADDITIC	NS/CHANGES TO OFF	CERS 1		
TITLE	Р	☐ DELETE	1.1 TITLE	1.1 TITLE					Change	Addition
NAME	VALERIO, JAMES H.		1.2 NAM	1.2 NAME						
STREET ADDRESS	1732 SAN BERNARDINO WAY		1.3 STR	1.3 STREET ADD						
CITY-ST-ZIP	NAPLES FL 34109		14 CITY		ZIP				- Change	Addition
TITLE	V	☐ DELETÉ	2.1 TITLE						Change	
NAME	BENCIN, JAMES W.		2.2 NAM							
STREET ADDRESS	1720 SAN BERNARDINO WAY		2.3 STRE		ì					ļ
CITY-ST-ZIP	NAPLES FL 34109		2. 4 CITA 3.1 TITLE		ZIP				Change	Addition
TITLE	S MEDEDITU	□ pere₁₽								
NAME	VALERIO, MEREDITH 1732 SAN BERNARDINO WAY		3.2 NAM		DDDECC					
STREET ADDRE 3S	NAPLES FL 34109		3.4. CITY		DDRESS					
CITY-ST-ZIP	NAPEES PE 34103	☐ DELETE	4.1 TITLE		ZIF				Change	Addition
NAME			4. 2 NAM	_					_	
STREET ADDRE IS					DDRESS					
CITY-ST-ZIP			4.4 CITY							
TITLE		☐ DELETÉ	5.1 TITLI						Change	☐ Addition
NAME			5.2 NAM							
STREET ADDRE 3S			53STR	EET A	DDRESS					
CITY-ST-ZIP			5 4 CITY	-ST-2	ZIP					
TITLE		☐ DELETE	6.1 TITLE	E					☐ Change	Addition
NAME			6.2 NAME							
OTDEET ADDRESS	none is		6.3 STRI	6.3 STREET ADDRESS						

CITY-ST-ZIP 14. I hereb / 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 unnual 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 of 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 in shanged or on an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE