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

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

1998

SIGNATI IRF.



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(7)

Secretary	of State

**FILED** 

Feb 09 1998 8:00am

U ASP	TION ENTERPRISES, INC.					
Principal Plac	ce of Business	Mailing Address				
		· ·	<b>2</b> 1.1			
NAPLES FL S	IT ROAD NORTH	1361 AIRPORT ROAD NORT NAPLES FL <del>30942</del>	IH			
}		10.0 000 10 40076			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
A Dringing of C	None of Dualages	On Mailing Address			02/21/1992	
_	Place of Business	2a. Mailing Address			4. FEI Number Applied For	
Suite, Apt.	# etc	Suite, Apt. #, etc.			65-0317308   Not Applicable   \$8.75 Additional	
22	ii, 9.5	27			5. Certificate of Status Desired Fee Required	
City & Stat	le	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip a Ala A	Coun	ltry	8. This corporation owes or has paid the current year Inlangible	
24 34	104   25		0		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curren	t Registered Agent		sal u	10. Name and Address of New Registered Agent	
	NOLD, DEAN A.			81 Name		
	B1 AIRPORT ROAD NORTH		Ī	Street Add	dress (P.O. Box Number is Not Acceptable)	
NA NA	PLES FL 33942		-	33		
				93		
ļ			1	B4 City	FL 85 Zip Code	
11 Pureuant	to the provisions of Sections 607.050	2 and 607 1508. Florida Statutes	the ehr	ove-named core		
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						
SIGNATURE	Signature, typed or printed name of registered agen	ril and title if applicable. (NOTE: I	agistored a	Agrint signature requi	ured when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITL	ŧ	Change Addition	
NAME	ARNOLD, DEAN A		1.2 NAN	ńE		
STREET ADDRESS	1361 AIRPORT RD NORTH			EET ADDRESS		
CITY-ST-ZIP	NAPLES FL	DOUGTE	-	'-ST-ZIP		
TITLE	DST PONTO	☐ DEL <b>ete</b>	2 1 TITL		Change Addition	
NAME	ARNOLD, DONALD L 1361 AIRPORT RD NORTH		2.2 NAN			
STREET ADDRESS	NAPLES FL		1	EET ADDRESS		
CITY-\$T-ZIP TITLE	DVP	DELETE	2.4 CH	Y-ST-7 P	☐ Change ☐ Addition	
NAME	VETTER, RICHARD		3.2 NAM	_	Change C resulton	
STREET ADDRESS	1361 AIRPORT ROAD NORTH		l .	EET ADDRESS		
CITY-ST-ZIP	NAPLES FL		B	Y-ST-ZIP		
TITLE	14 A MIN A L P	DELETE	4.1 TITU		☐ Change ☐ Addition	
NAME		<del></del>	4. 2 NAN			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP			•	- ST-ZIP		
TITLE		☐ DELETE	5.1 TITU		☐ Change ☐ Addition	
NAME			5.2 NAM	IE .		
STREET ADDRESS			5.3 STR	ET ADDRESS		
CITY-ST-ZIP			5.4 CiTY	- ST - ZIP		
TITLE		DELETE	6.1 TITU	E	☐ Change ☐ Addition	
NAME			6.2 NAM	E		
STREET ADDRESS			63 STRI	ET ADDRESS		
CITY-ST-ZIP			<b>4</b>	-ST-ZIP		
14. Thereby of	certify that the information supplied will	th this filling does not qualify for the	the exen	nption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information are shall have the same legal effect as if made under path, that I am an	
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 truttee empowered 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 or in attainment with an address.						

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