FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 APR -7 AM 5:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V73967** **(4)**

1. Corporation Name

POLISENA ENTERPRISE, INC.

Principal Place of Business	Mailing Address
3700 MERCANTILE AVE NAPLES FL 33942 US	3700 MERCANTILE AVE NAPLES FL 33942 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/22/1992**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **65-0422459** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

HOOLEY, JOHN F
2150 GOODLETTE ROAD
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name: NIKOS CHINTAKIS
82 Street Address (P.O. Box Number is Not Acceptable): 3700 MERCANTILE AVE
83:
84 City: NAPLES FL 85 Zip Code: 33942

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] Nikos Chintakis President 04/04/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstated) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☑ Change ☐ Addition
NAME	HOOLEY, JOHN F	12 NAME	HOOLEY, JOHN F.	
STREET ADDRESS	2150 GOODLETTE ROAD	13 STREET ADDRESS	DELETE	
CITY ST ZIP	NAPLES FL	14 CITY ST ZIP		
TITLE	D	21 TITLE	P	☑ Change ☐ Addition
NAME	CHINTAKIS, NIKOS	22 NAME	CHINTAKIS, NIKOS	
STREET ADDRESS	4492 LAKEWOOD BLVD.	23 STREET ADDRESS	46 BENNINGTON DR, #5	
CITY ST ZIP	NAPLES FL 33962	24 CITY ST ZIP	NAPLES, FL 33942	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	NICOLINO, POLISENA	32 NAME		
STREET ADDRESS	45 HIGH POINT CIRCLE / STE - 307	33 STREET ADDRESS		
CITY ST ZIP	NAPLES FL	34 CITY ST ZIP		
TITLE		41 TITLE	VP	☐ Change ☑ Addition
NAME		42 NAME	CUMMINS, WILLIAM	
STREET ADDRESS		43 STREET ADDRESS	108-4 SANTA CLARA DR	
CITY ST ZIP		44 CITY ST ZIP	NAPLES, FL 33942	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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 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 changed, or on an attachment with an address.

SIGNATURE: [signature] Nikos Chintakis 04/04/95 813-643-3595
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0327927 CP