## 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 # S09798

(7)

FILED							
Feb 09	1998	8:00am					
Secre	tary o	of State					

500 IS	LAND TOWER ASSOCIATES	, INC.					
Principal Plac	e of Business	Mailing Address					
606 BALD EAGLE DR., SUITE 500 606 BALD EAGLE DR., SUITE 50		JITE 500			]		
P.O. BOX 1 P.O. BOX 1					DO NOT WRITE IN	THIS SHAPE	
MARCO ISLAND FL 33969 MARCO ISLAND FL 33969		)			3. Date Incorporated or Qualified	INIS SPACE	
US		U\$				10/30/1990	
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	Applied For
21	1300 01 000111300	26				65-0225580	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						CR 75 Additional	
22 27					5. Certificate of Status Desired	Fee Required	
City & State City & State				6. Election Campaign Financing	\$5.00 May Be		
23		28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid th	e current year Intangible
24	25		30			Personal Property Tax due June 30.	Yes No_
	9. Name and Address of Curren	t Registered Agent		<u> </u>		10. Name and Address of New Registr	ered Agent
( WC	OODWARD, MARK J.			81 Nam	16		ļ
80	1 Laurel oak dr suite 640			82 Stree	et Addres	ss (P.O. Box Number is Not Acceptable)	-
NA NA	PLES FL 33963						
			i	83			
ļ			,	84 City			85 Zip Code
·							FL   C   L   C   C   C   C   C   C   C
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State (	¿ and 607.1508, Florida Statute of Florida, Such change was a	s, the at	Ove-name	ed corpoi	ration submits this statement for the purpon's board of directors. I hereby accept the	bse of changing its registered
agent. I a	am familiar with, and accept the obliga	tions of, Section 607.0505, Flo	rida Stat	ites.	po. a.io	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- Capanistan La vagianis La
SIGNATURE	<u></u>						
	Signature, typed or printed name of registered ager OFFICERS AND			Agent signat	ture required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	DT	DELETE	13.	IF.		ADDITIONS/CHANGES TO OFFICEAS	Change Addition
NAME	WOODWARD, MARK J		1.2 NA				
STREET ADDRESS	801 LAUREL OAK DR #640			HEET ADDRES	۱ ،		Į
CATY-ST-ZIP	NAPLES FL			Y-ST-ZIP	<b>*</b>		الم
TITLE	DP DP	DELETE	2.1 311				Change Addition
NAME	WOODWARD, CRAIG R	_	2.2 NA	WE	1		
STREET ADORESS	606 BALD EAGLE DR. #500		2.3 ST	EET ADDRES	s		
CITY-ST-ZIP	MARCO ISLAND FL			TY-ST-ZIP			}
TITLE	DSV	DELETE	3.1 7/1		_		Change Addition
NAME	PIRES, ANTHONY J		3.2 NA	ME			
STREET ADDRESS	801 LAUREL OAK DR #640		3.3 ST	EET ADDRESS	s		
CITY-ST-ZIP	NAPLES FL		3.4. CI	Y-ST-ZIP			1
TITLE		☐ DELETE	4.1 TIT				Change Addition
NAME			4. 2 N/	ME	1		
STREET ADDRESS			•				
CITY-ST-ZIP			4.3 ST	EET ADDRESS	5 (		
				EET ADDRESS Y-ST-ZIP	5		
TITLE		☐ DELETÉ		Y-ST-ZIP	5		Change Addition
		☐ DELETE	4.4 CI	<u>Y-ST-</u> ZIP .E	5		Change Addition
TITLE		☐ DELETÉ	4.4 CIT 5.1 TIT 5.2 NA	<u>Y-ST-</u> ZIP .E			Change Addition
TITLE NAME		☐ DELETE	4.4 CD 5.1 TIT 5.2 NA 5.3 ST	<u>Y-ST-</u> ZIP .e Me			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ DELETÉ	4.4 CD 5.1 TIT 5.2 NA 5.3 ST	Y-ST-ZIP .e Me Meet address Y-ST-ZIP			Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.4 CIT 5.1 TIT 5.2 NA 5.3 STI 5.4 CIT	Y-ST-ZIP LE ME BEET ADDRESS Y-ST-ZIP E			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			4.4 CH 5.1 TH 5.2 NA 5.3 ST 5.4 CH 6.1 TH 6.2 NA	Y-ST-ZIP LE ME BEET ADDRESS Y-ST-ZIP E	S		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		L DELETE	4.4 CIT 5.1 TIT 5.2 NA 5.3 ST 5.4 CIT 6.1 TIT 6.2 NA 6.3 ST 6.4 CIT	Y-ST-ZIP LE ME LEET ADDRESS Y-ST-ZIP LE ME LEET ADDRESS Y-ST-ZIP	S	action 119.07(3)(i), Florida Statutes. I furth	Change Addition

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: