

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

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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90012 009 ***300.00

PROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S09798

1. Corporation Name
500 ISLAND TOWER ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
606 BALD EAGLE DR. SUITE 500 **606 BALD EAGLE DR. SUITE 500**
P.O. BOX 1 **P.O. BOX 1**
MARCO ISLAND FL 33969 **MARCO ISLAND FL 33969**
US **US**

3. Date Incorporated or Qualified
10/30/1990

2. Principal Place of Business 2a. Mailing Address
21 **26**

4. FEI Number Applied For
65-0225580 Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**

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

City & State City & State
23 **28**

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

Zip Country Zip Country
24 **34146** **25** **29** **34146** **30**

8. This corporation owes the current year Intangible Personal Property Tax
 Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOODWARD, MARK J.
~~**801 LAUREL OAK DR SUITE 710**~~
NAPLES FL 34108

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
801 Laurel Oak Drive, Suite 710
83
84 City **Naples** **FL** **85** Zip Code **34108**

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | DT | <input type="checkbox"/> DELETE |
| NAME | WOODWARD, MARK J | |
| STREET ADDRESS | 801 LAUREL OAK DR #640 | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | WOODWARD, CRAIG R | |
| STREET ADDRESS | 606 BALD EAGLE DR. #500 | |
| CITY-ST-ZIP | MARCO ISLAND FL | |
| TITLE | DSV | <input type="checkbox"/> DELETE |
| NAME | PIRES, ANTHONY J | |
| STREET ADDRESS | 801 LAUREL OAK DR #640 | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|-------------------|--|
| 11 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | Unit # 710 |
| 14 CITY-ST-ZIP | |
| 21 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | 34145 |
| 24 CITY-ST-ZIP | |
| 31 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | Unit # 710 |
| 34 CITY-ST-ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Date **2/8/99** (941) 394-5161 Daytime Phone #

CR2E034 (1/198)