

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED

00 AUG 30 PM 1:20

DOCUMENT # F98000001273

1. Corporation Name
 BAYSHORE OF NAPLES, INC.

SECRETARY OF STATE
 08/28/00 10:00:05 AM FILED ON 08/28/00

Principal Place of Business
 1720 N. KINSER PIKE
 BLOOMINGTON IN 47404

Mailing Address
 1720 N. KINSER PIKE
 BLOOMINGTON IN 47404

REINSTATEMENT
 DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
 4500 Bayshore Drive
 Suite, Apt. #, etc.
 City & State
 Naples FL
 Zip 34112 Country USA

2a. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Date Incorporated or Qualified
 03/05/1998

4. FEI Number
 35-2039271 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 owes the current year intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent
 MITCHELL, TIM J
 4252 MONTALVO COURT
 NAPLES FL 34109

10. Name and Address of New Registered Agent

81 Name Peter Dvorak
 82 Street Address (P.O. Box Number is Not Acceptable) 3825 Clipper Lane
 83
 84 City Naples FL 85 Zip Code 34112

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 *Peter Dvorak, Pres.* Pres. Peter Dvorak, Pres. 8/23/00
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DVORAK, PETER	
STREET ADDRESS	520 N WALNUT ST	
CITY-ST-ZIP	BLOOMINGTON IN	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MITCHELL, TIM J	
STREET ADDRESS	1720 N KINSER PIKE	
CITY-ST-ZIP	BLOOMINGTON IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENDER, JOHN W	
STREET ADDRESS	1720 N KINSER PIKE	
CITY-ST-ZIP	BLOOMINGTON IN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Peter Dvorak
1.3 STREET ADDRESS	1720 N. Kinser Pike
1.4 CITY-ST-ZIP	Bloomington, IN
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	LS
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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; 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 in an attachment with an address.

SIGNATURE: *Peter Dvorak, Pres.* Peter Dvorak, Pres. 8/23/00 (812)331-2400
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/99)