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PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE Sandra B. Northing Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000000186

1. Corporation Name The Tides Inn of Naples, Inc. (Cross Reference) Property Consultants, Inc.

Principal Place of Business 1801 Gulf Shore Blvd. N. Naples, FL 33940 Mailing Address 1801 Gulf Shore Blvd. N. Naples, FL 33940

3. Date Incorporated or Qualified January 12, 1995 3a. Date of Last Report Initial Report

2. Principal Place of Business 21 1801 Gulf Shore Blvd. N. 22 Suite, Apt. #, etc. 23 City & State Naples, FL 24 Zip 33940 25 Country 26 Mailing Address 26 1801 Gulf Shore Blvd. N. 27 Suite, Apt. #, etc. 28 City & State Naples, FL 29 Zip 33940 30 Country

4. FPI Number 43-1448213 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under s. 190.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent John M. Passidomo, Esq. Cheffy & Passidomo, P.A. 821 Fifth Avenue South, Suite 201 Naples, FL 33940

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 607.0503, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. NONE Registered Agent Signature required when re-appointing. DATE

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows for President James Shucart and Secretary James Shucart.

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows for Vice President Jayne F. Neal.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(5)(k), 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: Jayne F. Neal, Vice President 8/21/96 (314)432-6700

CR2034 (12/95)