

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000002617 (9)

1. Corporation Name

SOUTHERN EXPOSURE OF NAPLES, INC.



Principal Place of Business

Mailing Address

P. O. BOX 990192  
NAPLES FL 33999  
US

P. O. BOX 990192  
NAPLES FL 33999  
US

3. Date Incorporated or Qualified  
06/09/1993

3a. Date of Last Report  
02/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEWART & STORTER ATTORNEYS AT LAW  
1725 COUNTRY ROAD 951  
STE. 106 PINE PLAZA  
GOLDEN GATE FL 33999

81 Name

Stewart & Storter, Attorneys at Law

82

Street Address (P.O. Box Number is Not Acceptable)

1725 Country Road 951

83

Suite 101

84

City

Golden Gate

FL

85 Zip Code

33999

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 617.0503, 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	PD	<input type="checkbox"/> DELETE
NAME	KEISER, JAMES K	
STREET ADDRESS	POST OFFICE BOX 282	
CITY-ST-ZIP	NAPLES FL 33999	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CUNNINGHAM, WILLIAM	
STREET ADDRESS	28046 EAST BROOK DR.	
CITY-ST-ZIP	BONITA SPGS. FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	STROTHER, ROSMARIE	
STREET ADDRESS	4880 THIRD AVENUE N.W.	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	STROTHER, WAYMAN	
STREET ADDRESS	4880 THIRD AVENUE N.W.	
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		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CUNNINGHAM, WILLIAM
2.3 STREET ADDRESS	28046 East Brook
2.4 CITY-ST-ZIP	Bonita Springs FL 33923
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SECRETARY
3.3 STREET ADDRESS	MICHAEL, KESHIE
3.4 CITY-ST-ZIP	2950 47th Street S.W. Naples FL 33999
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Vice Pres
4.3 STREET ADDRESS	HARD, ROBERT
4.4 CITY-ST-ZIP	1705 Country and Way #205C Naples FL 33962
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William Cunningham, tres. *William Cunningham* 4/25/94 941-261-6249  
Date Daytime Phone #

CR2E037 (12/95)

Bank deposit \$61.25

5/1/92