

FILE NOW: FILING FEE IS \$61.2

FILED

Jul 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF
Sandra B. M
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 960182
NAPLES FL 33999
US

P. O. BOX 960192
NAPLES FL 33999
US

3. Date Incorporated or Qualified

06/09/1993

4. FEI Number

65-0417098

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEWART & STORTER ATTORNEYS AT LAW
2121 COUNTY ROAD 951
SUITE 101
GOLDEN GATE FL 33999

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME PD
STREET ADDRESS KEISER, JAMES K
CITY-ST-ZIP POST OFFICE BOX 282
NAPLES FL 33999

1.1 TITLE Change Addition
1.2 NAME PD
1.3 STREET ADDRESS KEISER, JAMES K
1.4 CITY-ST-ZIP - P.O. BOX 990023 N/A
NAPLES, FL 34116

TITLE DELETE
NAME PD
STREET ADDRESS CUNNINGHAM, WILLIAM
CITY-ST-ZIP 28046 EAST BROOK DR.
BONITA SPGS. FL 33923

2.1 TITLE Change Addition
2.2 NAME PD
2.3 STREET ADDRESS DIRECTOR
2.4 CITY-ST-ZIP MAGYARI, RUDY
5041 MASHIE CIR.
NORTH PORT, FL 34287

TITLE DELETE
NAME PD
STREET ADDRESS LORR, DONALD
CITY-ST-ZIP 107 TOBAGO CIRCLE
FT MEYERS FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

600002587686
-07/14/98--01017--029
***61.25

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CP2E037 (10/97)