

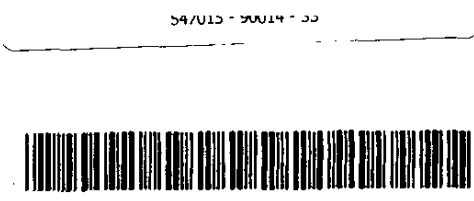
**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90088 019 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000002617**  
 1. Corporation Name  
**SOUTHERN EXPOSURE OF NAPLES, INC.**

Principal Place of Business P. O. BOX 990192 NAPLES FL 33999 US	Mailing Address P. O. BOX 990192 NAPLES FL 33999 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified <b>06/09/1993</b>	4. FEI Number <b>65-0417098</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent <b>STEWART &amp; STORTER ATTORNEYS AT LAW 2121 COUNTY ROAD 951 SUITE 101 GOLDEN GATE FL 33999</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DIRECTOR</b> <input type="checkbox"/> DELETE	NAME <b>KEISER, JAMES K</b>	1.1 TITLE <b>SECRETARY / DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME <b>KAREN S. MORGAN</b>
STREET ADDRESS <b>P.O. BOX 990023 N/A</b>	CITY-ST-ZIP <b>NAPLES FL 34116</b>	1.3 STREET ADDRESS <b>1311 DOG RANCH ROAD</b>	1.4 CITY-ST-ZIP <b>NAPLES, FL 34105</b>
TITLE <b>T/O</b> <input type="checkbox"/> DELETE	NAME <b>CUNNINGHAM, WILLIAM</b>	2.1 TITLE	2.2 NAME
STREET ADDRESS <b>28046 EAST BROOK DR.</b>	CITY-ST-ZIP <b>BONITA SPGS. FL 33923</b>	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE <b>D</b> <input checked="" type="checkbox"/> DELETE	NAME <b>MAGYARI, RUDY</b>	3.1 TITLE	3.2 NAME
STREET ADDRESS <b>5641 MASHIE CIRCLE</b>	CITY-ST-ZIP <b>NORTH PORT FL 34287</b>	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	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 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 4-15-99 941-643-3022  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)