

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
IF NOT FILED ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997

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



DOCUMENT # N93000003784 (6)
 1. Corporation Name
AMBUCS OF NAPLES, INC.



Principal Place of Business Mailing Address
 P.O. BOX 10606 NAPLES FL 34101 P.O. BOX 10606 NAPLES FL 34101

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified **08/23/1993** 3a. Date of Last Report **10/25/1996**

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

4. FEI Number **65-0377888** 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
STANTON, DALE R
3370 13TH AVE SW
NAPLES FL 33964

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	STANTON, DALE
STREET ADDRESS	3370 13TH AVE SW
CITY-ST-ZIP	NAPLES FL 33964
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	INNIS, DON
STREET ADDRESS	3543 WINDJAMMER CIR
CITY-ST-ZIP	NAPLES FL 33962
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	STANTON, CATHERINE
STREET ADDRESS	3370 13TH AVE SW
CITY-ST-ZIP	NAPLES FL 33964
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	CASTLE, MARGARET
STREET ADDRESS	5060 NAPOLI DR
CITY-ST-ZIP	NAPLES FL 33940
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	INNIS, DON
1.3 STREET ADDRESS	3543 WINDJAMMER CIR
1.4 CITY-ST-ZIP	NAPLES FL 34112
2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STANTON, CATHERINE
2.3 STREET ADDRESS	3370 13TH AVE SW
2.4 CITY-ST-ZIP	NAPLES FL 34117
3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CASTLE, MARGARET
3.3 STREET ADDRESS	5060 NAPOLI DR
3.4 CITY-ST-ZIP	NAPLES FL 34103
4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ANDREWS, PATRICIA
4.3 STREET ADDRESS	PO BOX 1301 3651 KEY LIME CT
4.4 CITY-ST-ZIP	NAPLES FL 34106 BONITE FL 34134
5.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	FLEETWOOD, JULIE
5.3 STREET ADDRESS	3330 13TH AVE SW
5.4 CITY-ST-ZIP	NAPLES FL 34117
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 does not qualify for the exemption stated in Section 119.07(3)(l), 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, changed, or on an attachment with an address.

SIGNATURE _____ DATE **8/11/97** **911.263.4513**

CR2E037 (4/97)

Dep 601.25

PC 8-28