

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Jeffrey M. Whitman  
Secretary of State  
Tallahassee, Florida 32399-0001

**APPROVED  
AND  
FILED**

**DOCUMENT # P93000015485 (4)**

559 91ST AVENUE, INC.

MAY 1 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Office of Business		Mailing Address		DO NOT WRITE IN THIS SPACE	
801 LAUREL OAK DRIVE SUITE 640 NAPLES FL 33963		801 LAUREL OAK DRIVE SUITE 640 NAPLES FL 33963		3. Filing Incorporated or Qualified <b>02/22/1993</b>	3a. Date of Last Report <b>04/22/1994</b>
2. Principal Office Telephone	21	2a. Mailing Address	26	4. FE Number <b>65-0395715</b>	Applied For Not Applicable
22	27	5. Certificate of Status Desired	<input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
23	28	6. Election Campaign Financing Trust Fund Contributor	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
24	25	29	30	8. The corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WOODWARD, MARK J 801 LAUREL OAK DRIVE SUITE 640 NAPLES FL 33963				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City

11. Pursuant to the provisions of Sections 607, 608, and 609, Florida Statutes, the above named corporation, authority, this statement for the purpose of changing its registered office or registered agent, as set forth in this (2)nd Annual Report 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, Florida Statutes.

SIGNATURE: *Mark J. Woodward* (Current Registered Agent)      *Aubrey J. Ferrao* (New Registered Agent)

12. OFFICERS AND DIRECTORS		13. REGISTERED AGENTS TO OFFER TO BE ADDED TO LIST	
NAME	D WOODWARD, MARK J 801 LAUREL OAK DR., SUITE 640 NAPLES FL 33963	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add to
NAME	D PIRES, ANTHONY P. JR. 801 LAUREL OAK DR, STE 640 NAPLES FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add to
NAME	DP FERRAO, AUBREY J. 4001 TAMiami TRL NO. #350 NAPLES FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add to
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add to
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add to
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add to
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add to
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add to

14. I, the undersigned, certify that the information supplied with this filing is correct and true and equally, for this corporation stated in Section 199.032, Florida Statutes. I further certify that the information included in this filing is correct and true and equally 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of this filing as required by the statute.

**SIGNATURE** *Aubrey J. Ferrao*      **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *Aubrey J. Ferrao* 4/25/95 813-434-2030