

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P93000082444 (9)**

1. Corporation Name  
**WILD PINES OF NAPLES, INC.**



Principal Place of Business Mailing Address  
**2745 KELLARS WAY Wild Pines Ln. 2745 KELLARS WAY Wild Pines Lane**  
**SUITE #5-19 J-519 SUITE #5-19 J-519**  
**NAPLES FL 33962 - 34112 NAPLES FL 33962 - 34112**  
**US US**

21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>12/02/1993</b>	3a. Date of Last Report <b>05/01/1995</b>
22	22 Suite, Apt #, etc	26 Suite, Apt #, etc.	4. FEI Number <b>65-0454492</b>	Applied For <input type="checkbox"/> Not Applicable
23	23 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
24	24 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
25	25 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CATALANO FISHER GREGORY & CROWN CHARTERED**  
**4001 TAMiami TRAIL NORTH**  
**SUITE 404**  
**NAPLES FL 33940**

81	10. Name and Address of New Registered Agent
81	81 Name
82	82 Street Address (P.O. Box Number is Not Acceptable)
83	83 City
84	84 City
85	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSTD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NICHOLSON, ALEXANDER W. J</b>	1.2 NAME	
STREET ADDRESS	<b>3651 WILD PINES DR., UNIT B-204</b>	1.3 STREET ADDRESS	<b>27401 Country Club Drive</b>
CITY-ST-ZIP	<b>BONITA SPGS. FL</b>	1.4 CITY-ST-ZIP	<b>Bonita Springs FL 33923</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>600001913416</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>-08/06/96--01018--026</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>***25.00</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>900001913419</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-08/06/96--01018--027</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>***200.00</b>

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 119.07(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: \_\_\_\_\_ DATE: **Apr 30 1996** District Phone #: **793-7555**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)