

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 9:14

DOCUMENT # **S54445** (9)

1. Corporation Name:
MARKET SQUARE PLAZA, INC.

Principal Place of Business
**4200 GULF SHORE BLVD. NORTH
NAPLES FL 33940**

Mailing Address
**4200 GULF SHORE BLVD. NORTH
NAPLES FL 33940**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/08/1991** 3a. Date of Last Report **04/06/1994**

4. FEI Number **65-0275448** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

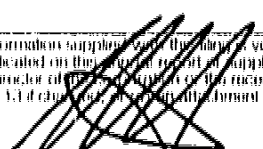
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CATALANO, ANTHONY J. 4001 TAMIAMI TRAIL NORTH SUITE 404 NAPLES FL 33940				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
					FL

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTGERT, SCOTT F.	12 NAME	
STREET ADDRESS	4200 GULF SHORE BLVD. N	13 STREET ADDRESS	
CITY, ST, ZIP	NAPLES FL	14 CITY, ST, ZIP	
TITLE	VSD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, RICHARD J.	22 NAME	
STREET ADDRESS	4200 GULF SHORE BLVD. N	23 STREET ADDRESS	
CITY, ST, ZIP	NAPLES FL	24 CITY, ST, ZIP	
TITLE	VAS	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTMAN, HOWARD	32 NAME	
STREET ADDRESS	4200 GULF SHORE BLVD. N	33 STREET ADDRESS	
CITY, ST, ZIP	NAPLES FL	34 CITY, ST, ZIP	
TITLE	TD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTMAN, HOWARD	42 NAME	
STREET ADDRESS	4200 GULF SHORE BLVD. N	43 STREET ADDRESS	
CITY, ST, ZIP	NAPLES FL	44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I hereby certify that the information supplied on this report was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report is an appendicular annual report as true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an attachment with an address.

SIGNATURE:  **HOWARD B. GUTMAN** 3/27/95 (813) 261-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR