

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 9:14

DOCUMENT # **S97406** (0)

1. Corporation Name
LE CIEL PARK TOWER, INC.

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: **12/02/1991**
3a. Date of Last Report: **04/06/1994**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **65-0297878**
Applied For: Not Applicable

22. Suite, Apt. #, etc.: **27**
City & State: **28**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. Zip: **24** Country: **25**
Zip: **29** Country: **30**

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

9. Name and Address of Current Registered Agent
**CATALANO, ANTHONY J.
4001 TAMiami TRAIL NORTH
SUITE 404
NAPLES FL 33940**

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 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: _____ (Signature of Registered Agent)
DATE: _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|-------------------------------|
| TITLE | PD |
| NAME | LUTGERT, SCOTT F |
| STREET ADDRESS | 4200 GULF SHORE BLVD N |
| CITY, ST, ZIP | NAPLES FL |
| TITLE | VSD |
| NAME | BAKER, RICHARD J |
| STREET ADDRESS | 4200 GULF SHORE BLVD N |
| CITY, ST, ZIP | NAPLES FL |
| TITLE | VTD |
| NAME | GUTMAN, HOWARD |
| STREET ADDRESS | 4200 GULF SHORE BLVD N |
| CITY, ST, ZIP | NAPLES FL |
| TITLE | AS |
| NAME | GUTMAN, HOWARD |
| STREET ADDRESS | 4200 GULF SHORE BLVD N |
| CITY, ST, ZIP | NAPLES FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 3. STREET ADDRESS | |
| 4. CITY, ST, ZIP | |
| 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | |
| 7. STREET ADDRESS | |
| 8. CITY, ST, ZIP | |
| 9. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME | |
| 11. STREET ADDRESS | |
| 12. CITY, ST, ZIP | |
| 13. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME | |
| 15. STREET ADDRESS | |
| 16. CITY, ST, ZIP | |

14. I do hereby certify that the information furnished herein is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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 to 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. Signed in accordance with an address.

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