

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 05 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # S97406 (0)**

1. Corporation Name  
**LE CIEL PARK TOWER, INC.**



Principal Place of Business: **4200 GULF SHORE BLVD. NORTH NAPLES FL 33940**  
 Mailing Address: **4200 GULF SHORE BLVD. NORTH NAPLES FL 34103-3436**

3. Date Incorporated or Qualified: **12/02/1991**  
 3a. Date of Last Report: **03/28/1996**  
 4. FEI Number: **65-0297878**  
 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  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip: **34103** Country  
 24 25  
 2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip: Country  
 29 30

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  
 B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City  
 FL B5 Zip Code: **34103**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PD</b>	<b>LUTGERT, SCOTT F</b> 4200 GULF SHORE BLVD N NAPLES FL	1.1 TITLE: <input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>VSD</b>	<b>BAKER, RICHARD J</b> 4200 GULF SHORE BLVD N NAPLES FL	2.1 TITLE: <input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>VTD</b>	<b>GUTMAN, HOWARD</b> 4200 GULF SHORE BLVD N NAPLES FL	3.1 TITLE: <input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>AS</b>	<b>GUTMAN, HOWARD</b> 4200 GULF SHORE BLVD N NAPLES FL	4.1 TITLE: <input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE: <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **HOWARD B. GUTMAN** (941) 261-6100  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E034 (9/96)