

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V45116** (3)
1. Corporation Name
LE CIEL VENETIAN TOWER, INC.



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

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-29) fields with sub-headers for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **06/22/1992**
3a. Date of Last Report: **03/30/1995**
4. FEI Number: **65-0341380**
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

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 (81-85) fields for Name, Street Address, City, State (FL), and 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		OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12. TITLE	NAME	13. 1. TITLE	2. TITLE	3. TITLE	4. TITLE
12. STREET ADDRESS	12. NAME	13. 12. NAME	13. 13. NAME	13. 22. NAME	13. 32. NAME
12. CITY-STATE-ZIP	12. STREET ADDRESS	13. 14. CITY-STATE-ZIP	13. 23. STREET ADDRESS	13. 33. STREET ADDRESS	13. 43. STREET ADDRESS
12. TITLE	12. NAME	13. 24. CITY-STATE-ZIP	13. 34. CITY-STATE-ZIP	13. 44. CITY-STATE-ZIP	13. 54. CITY-STATE-ZIP
12. NAME	12. STREET ADDRESS	13. 25. TITLE	13. 35. TITLE	13. 45. TITLE	13. 55. TITLE
12. STREET ADDRESS	12. CITY-STATE-ZIP	13. 26. NAME	13. 36. NAME	13. 46. NAME	13. 56. NAME
12. CITY-STATE-ZIP	12. NAME	13. 27. STREET ADDRESS	13. 37. STREET ADDRESS	13. 47. STREET ADDRESS	13. 57. STREET ADDRESS
12. TITLE	12. NAME	13. 28. CITY-STATE-ZIP	13. 38. CITY-STATE-ZIP	13. 48. CITY-STATE-ZIP	13. 58. CITY-STATE-ZIP
12. NAME	12. STREET ADDRESS	13. 29. TITLE	13. 39. TITLE	13. 49. TITLE	13. 59. TITLE
12. STREET ADDRESS	12. CITY-STATE-ZIP	13. 30. NAME	13. 40. NAME	13. 50. NAME	13. 60. NAME
12. CITY-STATE-ZIP	12. NAME	13. 31. STREET ADDRESS	13. 41. STREET ADDRESS	13. 51. STREET ADDRESS	13. 61. STREET ADDRESS
12. TITLE	12. NAME	13. 32. CITY-STATE-ZIP	13. 42. CITY-STATE-ZIP	13. 52. CITY-STATE-ZIP	13. 62. CITY-STATE-ZIP
12. NAME	12. STREET ADDRESS	13. 33. TITLE	13. 43. TITLE	13. 53. TITLE	13. 63. TITLE
12. STREET ADDRESS	12. CITY-STATE-ZIP	13. 34. NAME	13. 44. NAME	13. 54. NAME	13. 64. NAME
12. CITY-STATE-ZIP	12. NAME	13. 35. STREET ADDRESS	13. 45. STREET ADDRESS	13. 55. STREET ADDRESS	13. 65. STREET ADDRESS
12. TITLE	12. NAME	13. 36. CITY-STATE-ZIP	13. 46. CITY-STATE-ZIP	13. 56. CITY-STATE-ZIP	13. 66. CITY-STATE-ZIP
12. NAME	12. STREET ADDRESS	13. 37. TITLE	13. 47. TITLE	13. 57. TITLE	13. 67. TITLE
12. STREET ADDRESS	12. CITY-STATE-ZIP	13. 38. NAME	13. 48. NAME	13. 58. NAME	13. 68. NAME
12. CITY-STATE-ZIP	12. NAME	13. 39. STREET ADDRESS	13. 49. STREET ADDRESS	13. 59. STREET ADDRESS	13. 69. STREET ADDRESS
12. TITLE	12. NAME	13. 40. CITY-STATE-ZIP	13. 50. CITY-STATE-ZIP	13. 60. CITY-STATE-ZIP	13. 70. CITY-STATE-ZIP

14. I do hereby certify that the information supplied in this filing was voluntarily furnished and does not qualify for the exemption stated in Section 199.071(3)(k), Florida Statutes. I further certify that the information indicated on this filing 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, 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 change of registered agent with an address.

SIGNATURE: HOWARD B. GUTMAN 3-22-96 (941) 261-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)