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Feb 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 574299 (4)
1. Corporation Name
CATALANO, FISHER, GREGORY & SULLIVAN, CHARTERED

Principal Place of Business
4001 TAMiami TRAIL NORTH
SUITE 404
NAPLES FL 33940-5702

Mailing Address
4001 TAMiami TRAIL NORTH
SUITE 404
NAPLES FL 34103-3555



3. Date Incorporated or Qualified 06/01/1978	3a. Date of Last Report 02/23/1996
4. FEI Number 59-1823615	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 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29

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 33940-5702

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CATALANO, ANTHONY J	1.2 NAME	
STREET ADDRESS	4001 TAMiami TRAIL NORTH	1.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES, FL 0	1.4 CITY - ST - ZIP	
TITLE	VSD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GREGORY, C. NEIL	2.2 NAME	
STREET ADDRESS	4001 TAMiami TRAIL NORTH	2.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES, FL 0	2.4 CITY - ST - ZIP	
TITLE	VSD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FISHER, A ALSTON JR	3.2 NAME	
STREET ADDRESS	4001 TAMiami TRAIL NORTH	3.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES, FL 00000	3.4 CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/97 941-702-8000
Date Daytime Phone #

CR2E034 (9/96)