

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 200307 (7)

1. Corporation Name  
**NORTHRUP INVESTMENT FOUNDATION INC**



Principal Place of Business Mailing Address  
**C/O COMERICA BANK & TRUST, FSB  
5551 RIDGEWOOD DRIVE, SUITE 100  
NAPLES FL 33963**

3. Date Incorporated or Qualified **03/13/1957** 3a. Date of Last Report **10/09/1995**  
4. FEI Number **59-6067006** 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 Zip  
24 Country 25 Country 29 Country 30 Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**DAUGHERTY, GARY  
C/O COMERICA BANK & TRUST, FSB  
5551 RIDGEWOOD DRIVE, STE. 100  
NAPLES FL 33963**

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 607.011, Florida Statutes.

SIGNATURE: *Gary A. Daugherty* **Gary A. Daugherty, Vice President, 3-27-96**  
SECRETARY, TREASURER  
(NOTE: Registered Agent signature required when changing DATE)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RENGER, JAMES D	
STREET ADDRESS	1800 CORPORATE BLVD. N.W.	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	DVST	<input type="checkbox"/> DELETE
NAME	DAUGHERTY, GARY A	
STREET ADDRESS	1800 CORPORATE BLVD. N.W.	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Daugherty, Gary A.	
1.3 STREET ADDRESS	5551 Ridgewood Drive, Ste. 100	
1.4 CITY-ST-ZIP	Naples, Florida 33963	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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; that 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 as an attachment with an address.

SIGNATURE: *Gary A. Daugherty* **3-27-96 941-597-4441**  
SECRETARY, TREASURER, REGISTERED AGENT, OFFICER OR DIRECTOR

CR2E034 (12/95)