

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 246839

(5)

1. Corporation Name

NAPLES T V INC



Principal Place of Business

1119 16TH STREET
MIAMI BEACH FL 33139

Mailing Address

1119 16TH STREET
MIAMI BEACH FL 33139

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/01/1961

3a. Date of Last Report

02/06/1995

4. FEI Number

59-0919638

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

GELFMAN, BERNARD
1119 16TH STREET
MIAMI BCH FL 33139

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 607.0162 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 607.0605, Florida Statutes.

SIGNATURE

Signature of person in the name of the corporation, the first signature.

Signature of Agent (signature required on this form)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

PD
GELFMAN, BERNARD
1119 16TH STREET
MIAMI BEACH FL

☐ DELETE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

1. TITLE

STD
FAVROT, CHARLES
1119 16TH STREET
MIAMI BEACH FL

☐ DELETE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

1. TITLE

VPD
SZABO, PETER
1119-16 STREET
MIAMI BEACH FL

☐ DELETE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☒ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

33139

1. TITLE

☒ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

33139

1. TITLE

☒ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

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1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

SIGNATURE:

CHARLES FAVROT

2/9/96

305 672-6442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)