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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 512726 (1) 1. Corporation Name INVESTMENT PROPERTIES CORPORATION OF NAPLES									
Principal Place of 3255 N. TAMIL NAPLES FL 33	AMI TR.	3255 N. TAM NAPLES FL 3	Mailing Address 3255 N. TAMIAMI TR. NAPLES FL 33940			1 199101 91101 11911 11911 11911 11911	- 6141 A1A11 A1A14 <u>*</u>	rie Willi (1 414 EL 184 1
US		US				3. Date Incorporated or Qualified 09/21/1976	3a. Date of I 03/0	ast Repo 7/1995	rt
2. Principal Plac	ce of Business	2a. Mailing Add	2a. Mailing Address 26		-	4. FEI Number 59-1692238		Applied For Not Applicable	
Suite, Apt. #,	, etc.	Suite, Apt. :	Suite, Apt. #, etc. 27			5. Certificate of Status Desired	S8.75 Additional Fee Required		
City & State		City & State	City & State			Election Campaign Financing Trust Fund Contribution	S \$5.00 May Be Added to Fees		
7ip 2 4	Country 25	Zip 29	3	Countr	у		□No		9.032,
	9, Name and Address of Cu	rrent Registered Agent	<u> </u>	81	Name	10. Name and Address of New R	tegistered Age	nt	
11. Pursuant to	FL 33940 of the provisions of Sections 607.6 d agent, or both, in the State of the and accept the obligations of, and accept the obligations.	Florida. Such change was	s authorized l	83 84 the above by the con	City	oration submits this statement for the pure of directors. I hereby accept the app	FL pose of changing	5 Zip Co ng its regis stered age	stered office
SIGNATURE _	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE:	Registered Age	ent signature requir	ed when reir staling)	DATE		
12.	OFFICERS	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIF	RECTORS	IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONROY JR, JOHN T 3255 N. TAMIAMI TR. NAPLES, FL 00000		LETE	1. 1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP				nange [Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELETE CHRISTESEN, JOHN D 3255 N. TAMIAMI TR. NAPLES, FL 00000		LETE	2.1 TITLE 2.2 NAME 2.3 STREEF ADDRESS 2.4 CITY-ST-ZIP				hange [Addition
TIFLE NAME STREET ADDRESS		DE	LETE	3 1 TITLE 3.2 NAME	ET ADDRESS			hange [Addition
TITLE NAME STREET ADDRESS		30 🗀	LETE	4. 1 TITLE 4.2 NAME		A STATE OF THE STA		hange [Addition

6.4 CITY 51 - ZIP tifig is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further for supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes and that my name achment with an address. 14. I do hereby certify that the information supplied with this file certify that the information inefficated on this armual reports oath; that I am an officer of director of the corporation of the appears in Block 12 or Block 13 if changed, or on an article.

4.4 CITY - ST - ZIP

5 3 STREET ADDRESS 5 4 CITY - ST - ZIP

6.3 STREET ADDRESS

5. 1 TITLE

5 2 NAME

6. 1 TITLE 62 NAME

SIGNATURE: 🖴

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CITY - ST - ZIP

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