

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 17 PM 3:19

DOCUMENT # 633040 (1)

1. Corporation Name
HELEN NAGEL, PA

Principal Place of Business Mailing Address
4000 GULF SHORE BLVD N #300 4000 GULF SHORE BLVD N #300
NAPLES FL 33940-3841 NAPLES FL 33940-3841

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/17/1979	3a. Date of Last Report 01/27/1994
4. FEI Number 59-1930879	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under §. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 27 4053 CRAYTON RD. Suite, Apt. #, etc. 22 NAPLES, FL City & State	2a. Mailing Address 28 4053 CRAYTON RD. Suite, Apt. #, etc. 27 NAPLES, FL. City & State		
24 Zip 33940	25 Country Collier	29 Zip 33940	30 Country Collier

9. Name and Address of Current Registered Agent NAGEL, HELEN 4000 GULF SHORE BLVD N #300 NAPLES FL 33940	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 4053 Crayton Road 83 Naples 84 City FL 85 Zip Code 33940
---	--

11. Pursuant to the provisions of Sections 607.0902 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTD	NAME NAGEL, HELEN	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4000 GULF SHORE BLVD 300		12 NAME	
CITY-ST-ZIP NAPLES, FL 33940		13 STREET ADDRESS	
		14 CITY-ST-ZIP	
TITLE	NAME	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		22 NAME	
CITY-ST-ZIP		23 STREET ADDRESS	
		24 CITY-ST-ZIP	
TITLE	NAME	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		32 NAME	
CITY-ST-ZIP		33 STREET ADDRESS	
		34 CITY-ST-ZIP	
TITLE	NAME	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		42 NAME	
CITY-ST-ZIP		43 STREET ADDRESS	
		44 CITY-ST-ZIP	
TITLE	NAME	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		52 NAME	
CITY-ST-ZIP		53 STREET ADDRESS	
		54 CITY-ST-ZIP	
TITLE	NAME	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		62 NAME	
CITY-ST-ZIP		63 STREET ADDRESS	
		64 CITY-ST-ZIP	

14. I 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)(b), Florida Statutes. I further certify that the information included 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 a person authorized by the corporation to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of this report. I am a resident of an address _____

SIGNATURE: HELEN S. NAGEL, PA DATE: 2/14/95
SIGNATURE AND TYPE OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR SFB-262-3761