

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 633040

(1)

1. Corporation Name
HELEN NAGEL, PA



Principal Place of Business

4053 CRAYTON RD
NAPLES FL 33940-3841
US

Mailing Address

4053 CRAYTON RD
NAPLES FL 33940-3841
US

3. Date Incorporated or Qualified

08/17/1979

3a. Date of Last Report

02/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-1930879

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NAGEL, HELEN
4053 CRAYTON RD
NAPLES FL 33940

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 607.0902 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

Signature of person submitting this report (Agent, Officer, or Director)

Signature of Registered Agent (Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP
2. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP
3. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP
4. TITLE
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STREET ADDRESS
CITY, STATE, ZIP
5. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP
6. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

☐ DELETE

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1. TITLE
12. NAME
13. STREET ADDRESS
14. CITY, STATE, ZIP
15. TITLE
16. NAME
17. STREET ADDRESS
18. CITY, STATE, ZIP
19. TITLE
20. NAME
21. STREET ADDRESS
22. CITY, STATE, ZIP
23. TITLE
24. NAME
25. STREET ADDRESS
26. CITY, STATE, ZIP
27. TITLE
28. NAME
29. STREET ADDRESS
30. CITY, STATE, ZIP
31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY, STATE, ZIP
35. TITLE
36. NAME
37. STREET ADDRESS
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39. TITLE
40. NAME
41. STREET ADDRESS
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43. TITLE
44. NAME
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47. TITLE
48. NAME
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51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY, STATE, ZIP
55. TITLE
56. NAME
57. STREET ADDRESS
58. CITY, STATE, ZIP
59. TITLE
60. NAME
61. STREET ADDRESS
62. CITY, STATE, ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 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:

Helen S Nagel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

941-261-6161

Date

Daytime Phone #

CR2E034 (12/95)