

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 649458 (7)
1. Corporation Name
RH OF NAPLES, INC.



Principal Place of Business 4500 EXECUTIVE DR STE 300 NAPLES FL 33999 US	Mailing Address 4500 EXECUTIVE DR STE 300 NAPLES FL 34119-8908 US
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3. Date Incorporated or Qualified 12/27/1979	3a. Date of Last Report 03/19/1996
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number 50-2153118	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**JOHNSON, ROBERT W.
4500 EXECUTIVE DR
NAPLES FL 33999**

10. Name and Address of New Registered Agent

81. Name JANET KELLY
82. Street Address (P.O. Box Number is Not Acceptable) 4500 EXECUTIVE DR.
83. STE 300
84. City NAPLES FL 85. Zip Code 34119

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 607.0505, Florida Statutes.

SIGNATURE: *J Kelly* Treasurer DATE: **3/19/97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARDY, ROBERT S	
STREET ADDRESS	13056 PONDAPPLE DR.W.	
CITY-STATE-ZIP	NAPLES, FL 00000	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HARDY, PAUL	
STREET ADDRESS	5780 24TH AVE. NW	
CITY-STATE-ZIP	NAPLES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SHIELDS, JAMES E.	
STREET ADDRESS	4500 EXECUTIVE DR	
CITY-STATE-ZIP	NAPLES FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, ROBERT W.	
STREET ADDRESS	4500 EXECUTIVE DR	
CITY-STATE-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JANET KELLY	
1.3 STREET ADDRESS	4500 EXECUTIVE DR STE 300	
1.4 CITY-STATE-ZIP	NAPLES FL 34119-8908	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. An attachment with an address.

SIGNATURE: *J Kelly* *Janet Kelly* DATE: **3/19/97** (941)597-9061

CR2E034 (9/96)