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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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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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3. Date Incorporated or Qualified 12/27/1979	3a. Date of Last Report 03/19/1996
4. FEI Number 59-2153118	Applied For 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
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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 *[Signature]* **Treasurer** **3/19/97** DATE
Signature shall be typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARDY, ROBERT S 13056 PONDAPPLE DR.W. NAPLES, FL 00000	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ST JANET KELLY 4500 EXECUTIVE DR STE 300 NAPLES FL 34119-8908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARDY, PAUL 5780 24TH AVE. NW NAPLES FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHIELDS, JAMES E. 4500 EXECUTIVE DR NAPLES FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JOHNSON, ROBERT W. 4500 EXECUTIVE DR NAPLES FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-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 in an attachment with an address.

SIGNATURE: *[Signature]* **Janet Kelly** **3/19/97** **(941) 597-9061**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)