

# 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 # **657959** (3)

1. Corporation Name  
**NAPLES OUTLET, INC.**



Principal Place of Business

**953 CENTRAL AVENUE  
NAPLES FL 33940**

Mailing Address

**953 CENTRAL AVENUE  
NAPLES FL 33940**

2. Principal Place of Business

21 **953 CENTRAL AVE.**

Suite, Apt., etc.

22 **NAPLES, FL.**

City & State

23 **33940 USA**

Zip

Country

24

2a. Mailing Address

26 **SAME**

Suite, Apt., etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**NICKLOS, VICTORIA  
953 CENTRAL AVE.  
NAPLES FL 33940**

3. Date Incorporated or Qualified

**03/05/1980**

3a. Date of Last Report

**03/23/1995**

4. FEI Number

**59-1988168**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

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 607.0502 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, typed or printed name of registered agent and title if appropriate

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**P NICKLOS, VICTORIA**

☐ DELETE

NAME

**272 PALM DR.**

STREET ADDRESS

**NAPLES FL**

CITY - ST - ZIP

TITLE

**ST**

☐ DELETE

NAME

**SILVERMAN, ROSEMARIE**

STREET ADDRESS

**678 14TH AVE S**

CITY - ST - ZIP

**NAPLES FL**

TITLE

☐ DELETE

NAME

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**678 14TH AVE S**

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CITY - ST - ZIP

**NAPLES FL**

SIGNATURE: *Rosemarie Silverman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**941-262-2240**

CR2E034 (12/95)