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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

657959 **DOCUMENT #**

Mailing Adoress

NAPLES OUTLET, INC.

Principal Place of Business

953 CENTRAL AVENUE NAPLES FL 33940		953 CENTRAL AVENUE NAPLES FL 33940								
						3. Date Incorporated or Qualified 03/05/1980	3a. Date	of Last R 3/23/19	eport 95	
2. Principal Pla	ore of Busines	2a. Mailing Address				4. FEI Number	· L		Applied For	
195,0	DENIKAL H	VE 26 SAME				59-1988168			Not Applicable	
Sú te, Apl. A	CENTRAL A	Suite, Apt. #, etc.		!	Certificate of Status Desired					
City & State	740 USA	City & State				6. Election Campaign Financing \$5.00 May Be				
1339		26				Trust Fund Contribution Added to Fees				
Ζφ: .1	Country	Zip	Cou	intry		8. This corporation has liability for		x under s	199.032,	
	25 9. Name and Address of Curre	29	30			Florida Statutes Yes Name and Address of New F	□ No	A		
	9. Name and Address of Curre	ant negratered Agent		81 Nar		U. Name and Address of New F	edisteran	Agent_		
NICKLO:	NICKLOS, VICTORIA									
953 CENTRAL AVE. NAPLES FL 33940			B2 Street Add		et Address	(P.O. Box Number is Not Acceptab	ole)			
	· · • • • • • •									
				84 City	,		FL	85 Zi	p Code	
1 Pursuant to	to the provisions of Sections 607.050	02 and 607 1508. Florida Statute	e the sho	L L	Corporation	submite this etatement for the nu		poino ite r	poietored offic	
SIGNATURE	Squature typed or the bid number of registered age	int and title if apparation (NO NO DIRECTORS	Tti Registered	Agent signa	ure required whe	r reinslating: ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	PRS IN 12	
ILF	P	DELETE				1.55.110.10.017.10.00		Change	☐ Addition	
IAME	NICKLOS, VICTORIA			1.2 NAME						
TREET ADDRESS	272 PALM DR.		1.3 \$	FREET ADORE	SS					
- IY SI-Z-P	NAPLES FL		1.4 C	ITY-ST-ZIP						
T FLE	ST	DELETE	2 1 1		1			Change	Addition	
IAME	SILVERMAN, ROSEMARIE		2 2 N	AME						
STREET ADDRESS	678 14TH AVE S		235	REE1 ADDRE	ss					
J(Y -S*-Z)₽	NAPLES FL		2 4 C	11Y - S1 - ZIP						
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IAME -			3 2 N	AME						
TREET ADDRESS			33 8	TREET ADDR	ESS					
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AMI		DELETE	5 2 N	AME			[Change	Add-tion	
HLE IAME STREET ADDRESS DEVISE ZIP		☐ DELETE	52 N 53 S		ss		[Change	Addition	

6.3 STREET ADDRESS

6 4 CITY - ST - ZIP

SIGNATURE:

NAMI STREET ADORESS

City - St - Zif

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 ooth, Inot 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 attaching no with an address. 941-262-2240