

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 27 AM 10:50

DOCUMENT # 717058 (2)

1. Corporation Name
NAPLES MIMOSA CLUB, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
% ACCOUNTING & TAX ASSOC. OF NAPLES 3003 TAMiami TRAIL NO., STE. 120 NAPLES FL 33940
% ACCOUNTING & TAX ASSOC. OF NAPLES 3003 TAMiami TRAIL NO., STE. 120 NAPLES FL 33940

3. Date Incorporated or Qualified 08/28/1969 3a. Date of Last Report 05/01/1994
4. FEI Number 59-1376046 Applied For Not Applicable

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
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MELDON, THOMAS E
% ACCOUNTING & TAX ASSOCIATES OF NAPLES
3003 TAMiami TRAIL NO., STE. 120
NAPLES FL 33940

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 802 Anchor Rode Drive
83
84 City Naples FL 85 Zip Code 33940

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	BURNS, EARL
STREET ADDRESS	1900 ALAMANDA DR
CITY, ST, ZIP	NAPLES, FL 00000
TITLE	DS
NAME	HALL, VIRGINIA
STREET ADDRESS	1900 ALAMANDA DR #108
CITY, ST, ZIP	NAPLES FL
TITLE	DV
NAME	GOGHERL, LARRY
STREET ADDRESS	597 WHEELER ROAD
CITY, ST, ZIP	MARION OH
TITLE	DV
NAME	BUONO, PHILIP
STREET ADDRESS	2140 LAURE CONAN AVE.
CITY, ST, ZIP	MONTREAL, QUEBEC
TITLE	DT
NAME	CREAGER, KEN
STREET ADDRESS	1800 ALAMANDA DR.
CITY, ST, ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	CAROLYN COOK
13 STREET ADDRESS	1900 ALAMANDA DRIVE, APT. #101
14 CITY, ST, ZIP	NAPLES, FL
21 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	JOAN ANDREWS
23 STREET ADDRESS	1900 ALAMANDA DRIVE #107
24 CITY, ST, ZIP	NAPLES, FL
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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 the report as required by Chapter 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Philip Buono Date: 22 March 95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR