FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # F10478 (8)

1. Corporation Name
BK NAPLES, INC.

Principal Place of Business	Mailing Address
5820 NORTH FEDERAL HWY SUITE B BOCA RATON FL 33487	5820 NORTH FEDERAL HWY SUITE B BOCA RATON FL 33487

3. Date Incorporated or Qualified: 11/13/1980
3a. Date of Last Report: 01/19/1994
4. FEI Number: 59-2042831 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 1100 5TH AVE SO.	26 1100 5TH AVE SO.
22 Suite, Apt. #, etc.: 201	27 Suite, Apt. #, etc.: 201
23 City & State: NAPLES, FL	28 City & State: NAPLES, FL
24 Zip: 33940 — 25 Country: U.S.	29 Zip: 33940 — 30 Country: U.S.

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
% SHUTTS & BOWEN
201 S BISCAYNE BLVD
MIAMI FL 33131

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 applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VDS	1.1 TITLE	☐ Change ☐ Addition
NAME	SANDERSON, ROSEMARIE A	1.2 NAME	
STREET ADDRESS	201 S BISCAYNE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	PSD	2.1 TITLE	☐ Change ☐ Addition
NAME	PERRONE, STEPHEN L	2.2 NAME	
STREET ADDRESS	201 SOUTH BISCAYNE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	DE ARMAS, LUIS L	3.2 NAME	
STREET ADDRESS	201 SOUTH BISCAYNE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 0	3.4 CITY-ST-ZIP	
TITLE	~~T~~	4.1 TITLE	☐ Change ☐ Addition
NAME	~~JOHNSON, JOHN W.~~	4.2 NAME	delete
STREET ADDRESS	~~5820 N FEDERAL HWY S-B~~	4.3 STREET ADDRESS	
CITY-ST-ZIP	~~BOCA RATON FL~~	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☑ Addition
NAME	WANKLYN, JOHN A.	5.2 NAME	
STREET ADDRESS	1100 5TH AVE SO. #201	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 33940	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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, or on an attachment with an address.

SIGNATURE: John A. Wanklyn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN A. WANKLYN

Date

813-649-5445
Daytime Phone #

0870666 CP