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May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F10478 (8)

1. Corporation Name:  
BK NAPLES, INC.

Principal Place of Business

Mailing Address

1100 5TH AVE SO.  
201  
NAPLES FL 33940  
US

1100 5TH AVE SO  
201  
NAPLES FL 34102-6488  
US

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 34102

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/13/1980

3a. Date of Last Report

05/01/1996

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 ☐

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

1.1 TITLE

1.1 TITLE

NAME  
SANDERSON, ROSEMARIE A  
STREET ADDRESS  
201 S BISCAYNE BLVD  
CITY- ST- ZIP  
MIAMI FL

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

2.1 TITLE

2.1 TITLE

NAME  
PSD  
PERRONE, STEPHEN L  
STREET ADDRESS  
201 SOUTH BISCAYNE BLVD  
CITY- ST- ZIP  
MIAMI, FL 00000

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

3.1 TITLE

3.1 TITLE

NAME  
VD  
DE ARMAS, LUIS L  
STREET ADDRESS  
201 SOUTH BISCAYNE BLVD  
CITY- ST- ZIP  
MIAMI, FL 0

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

4.1 TITLE

4.1 TITLE

NAME  
T  
WANKLYN, JOHN A.  
STREET ADDRESS  
1100 5TH AVE. SO. STE #201  
CITY- ST- ZIP  
NAPLES FL

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

5.1 TITLE

5.1 TITLE

NAME  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE

6.1 TITLE

NAME  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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, or on an attachment with an address.

SIGNATURE:

*John A. Wanklyn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR

4-25-97

Date

941-649-5445

Daytime Phone #

CR2E034 (9/96)