## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

•	1997	DIVISION OF CO	PRPORATIONS		J
	MENT # <b>G57924</b> N ENTERPRISES OF NAPLE	(4) s, inc.		1 1868 11811 81690 91881 12112 1888 11881 8	NAM BURN BURN BURN BURN BURN 1881
Principal Place	of Business	Mailing Address			
2354 IMMOKALEE RD. NAPLES FL 39422		2354 IMMOKALEE RD. NAPLES FL 34110-1445			
US	•	US		Date Incorporated or Qualified	3a. Date of Last Report
	ر المراجعة			09/01/1983	04/12/1996
_ <b>2</b> , Principal FI <b>21</b> ]	ace of Business	2a. Mailing Address		4. FEI Number 59-2346713	Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.	_ <del></del>	5. Certificate of Status Desired	\$8.75 Additional
City & State	7	City & State			Fae Required
City is stall	;	28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Z <sub>1</sub> .	Country A Name Ten a green	Zip	Country	8. This corporation has liability for I	
101	9. Name and Address of Current	ш первиетел мреш	81 Name	10. Name and Address of New R	egistered Agent
	90 Silver Sands Ave. Ples fl 33942		<b>82</b> Street Ad <b>83</b>	dress (P.O. Box Number is Not Accepta	ible)
}			84 City		FL 85 Zip Code
agent. I:	registered agent, or both, in the State am familiar with, and accept the obligation for the state of agentine agent agen		uthorized by the corpor rida Statutes.  Registered Agent signature req	rporation submits this statement for the ation's board of directors. I hereby acce	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE NAME	DP JOHNSON, ROBERT W	☐ DELETE	1.1 TITLE		Change Addition
STHEET ADORESS CHY-ST-ZIP	1800 SILVER SANDS AVE NAPLES, FL 00000		1.2 NAME 1.3 STREET ADDRESS		
McF	VST	DELETE	1.4 CITY - \$T - 2IP 2.1 TITLE		Change Addition
NAME	JOHNSON, NOLA ARLETTE		2.2 NAME		L Change L Addition
STREET ADDRESS City St. Zie	1800 SILVER SANDS AVE NAPLES, FL 00000		2.3 STREET ADDRESS		
mu	144 550 15 0000	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		
NAME			3.2 NAME		☐ Change ☐ Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CHY-ST ZIF		D DE CH	3.4. CITY-ST-ZIP		
NAME		DELETE	4.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY - S1 - ZIP			4.4 CITY-ST-ZIP		
THLF NAME	i.	DELETE	5 1 TITLE		Change Addition
STREET AUDICESS			5.2 NAME		
CITY: ST-ZW			5.3 STREET ADDRESS 5.4 City-St-Zip		
TITLE		☐ DELETE	6.1 TIPLE		Change Addition
NAME DIGITAL ADDRESS OF			62 NAME		and a Fit Hodillott
STREET ADDRESS			6 2 STORET ADDOCCO		

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 at It made under oath; that I am an officer or director of the exportation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and my name appears in Block 13 if changes or on an attachment with an address.

**FILED** 

Apr 11 1997 8:00am

Secretary of State

0414692