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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G71535** (0)

1. Corporation Name

PAULS PLACE, INC.

Principal Place of Business

**15095 ROYAL FERN COURT
NAPLES FL 33963
US**

Mailing Address

**15095 ROYAL FERN CT
F100
NAPLES FL 33963
US**



2. Principal Place of Business

21 **5400 6 AVE SW**

Suite, Apt. #, etc.

22 City & State

23 **NAPLES FL**

24 Zip **33999** 25 Country

2a. Mailing Address

26 **5400 6 AVE SW**

Suite, Apt. #, etc.

27 City & State

28 **NAPLES FL**

29 Zip **33999** 30 Country

3. Date Incorporated or Qualified
11/22/1983

3a. Date of Last Report
07/05/1995

4. FEI Number

59-2420605

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

9. Name and Address of Current Registered Agent

ROMANO, PAUL

15095 ROYAL FERN CT #F100

APT 1004

NAPLES FL 33140

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5400 6 AVE SW

83

84 City

NAPLES

FL

85 Zip Code

33999

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 or director (page 44)

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☒ Signature typed or printed name of registered agent or director (page 44)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD ROMANO, PAUL**
STREET ADDRESS **15095 ROYAL FERN COURT**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **5400 6 AVE SW**
1.4 CITY-ST-ZIP **NAPLES FL 33999**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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 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:

Paul Romano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/96

Date

Signature Printed Name

CR2E034 (12/95)