

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 APR 10 AM 11:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **G83032** (4)
 1. Corporation Name
NAPLES MVC INC.

Principal Place of Business Mailing Address
816 ANCHOR RODE DR NAPLES FL 33940 US
816 ANCHOR RODE DR NAPLES FL 33940 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 26948 HICKORY BLVD		26 26948 HICKORY BLVD		02/02/1984		03/14/1994	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
				59-2373114		Not Applicable	
23 City & State BONITA SPRINGS FLORIDA		28 City & State BONITA SPRINGS FL.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33923		25 Country U.S.A.		29 Zip 33923		30 Country U.S.A.	
				6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LIEBERFARB, STANLEY J 4TH FLOOR 801 12TH AVENUE SOUTH NAPLES FL 33940				B1 Name NEW ADDRESS			
				B2 Street Address (P.O. Box Number is Not Acceptable) 4001 TAMIAMI TRAIL NORTH			
				B3 SUITE 330			
				B4 City NAPLES, FL			
				B5 Zip Code 33940-7336			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when recertifying.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME SMITH, ANDREW	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NEW ADDRESS
STREET ADDRESS 6820 PELICAN BAY BLVD, APT 145A	CITY - ST - ZIP NAPLES FL	12 NAME	13 STREET ADDRESS 26948 HICKORY BOULEVARD
TITLE D	NAME MILES, RONALD	14 CITY - ST - ZIP	BONITA SPRINGS FL. 33923
STREET ADDRESS 6820 PELICAN BAY BLVD, APT 145A	CITY - ST - ZIP NAPLES FL	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NEW ADDRESS
TITLE	NAME	22 NAME	23 STREET ADDRESS 26948 HICKORY BOULEVARD
STREET ADDRESS	CITY - ST - ZIP	24 CITY - ST - ZIP	BONITA SPRINGS, FL. 33923
TITLE	NAME	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP	32 NAME	
TITLE	NAME	33 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	34 CITY - ST - ZIP	
TITLE	NAME	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP	42 NAME	
TITLE	NAME	43 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	44 CITY - ST - ZIP	
TITLE	NAME	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP	52 NAME	
TITLE	NAME	53 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	54 CITY - ST - ZIP	
TITLE	NAME	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP	62 NAME	
TITLE	NAME	63 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	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 110.07(3)(b), Florida Statutes. I further certify that the information included 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 11 or Block 12, or on an attachment with an address.

SIGNATURE:  (PRESIDENT) **4-4-95** **813-495-6794**
 ANDREW SMITH
Date Original Phone #
813-498-0580