

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

FILED

**Apr 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
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DOCUMENT # H34096 (8)
1. Corporation Name
NAPLES SHUTTER, INC.



Principal Place of Business 2221 CORPORATION BLVD SUITE 211 NAPLES FL 33942 US	Mailing Address 2221 CORPORATION BLVD SUITE 211 NAPLES FL 34109-2017 US
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3. Date Incorporated or Qualified 12/10/1984	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 2221 Corporation Blvd. Suite, Apt. #, etc.	2a. Mailing Address 26 2221 Corporation Blvd. Suite, Apt. #, etc.	4. FEI Number 59-2494373	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State Naples, FL	28 City & State Naples, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip 34109	25 Country USA	29 Zip 34109	30 Country USA

9. Name and Address of Current Registered Agent GARDELLA, FRAZIER 2221 CORPORATION BLVD. NAPLES FL 33942	10. Name and Address of New Registered Agent 81 Name August J. Lofredo 82 Street Address (P.O. Box Number is Not Acceptable) 2221 CORPORATION BLVD 83 84 City NAPLES FL 85 Zip Code 34109
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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 607.0605, Florida Statutes.

SIGNATURE: *August J. Lofredo* (NOTE: Registered Agent signature required when reinstating) DATE: **2/24/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME GARDELLA, FRAZIER	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2221 CORPORATION BLVD	CITY - ST - ZIP NAPLES FL 33942	1.2 NAME	
TITLE VD	NAME GARDELLA, CHARLES	1.3 STREET ADDRESS 2221 CORPORATION BLVD	
STREET ADDRESS 2221 CORPORATION BLVD	CITY - ST - ZIP NAPLES FL 33942	1.4 CITY - ST - ZIP NAPLES, FL 34109	
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	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: *August J. Lofredo* **RECORDED** *August J. Lofredo* **3-24-97** **941-566-8161**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)