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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

H44902

(5)

DOCUMENT # 1. Corporation Name

Principal Place of Business

ARCHI OF NAPLES, INC.

Mailing Address



SOOS TAMIAMI TRL E NAPLES FL 33962			5005 TAMIAMI TRL E NAPLES FL 33962			
					3. Date incorporated or Qualified 02/28/1985	3a. Date of Last Report 04/17/1995
2. Principal Pla	ace of Business	2a. Mailing Address	Mailing Address		4. FEI Number 59-2539288	Applied For
<u></u>		26			39-2339200	Not Applicable \$8.75 Additional
Suite, Apt. #	, etc	Suite, Apt. #. etc			5. Cert ficate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip Country		Zip	29 30		8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Yes X No. 10. Name and Address of New Registered Agent.	
24	25 29 9. Name and Address of Current Registered Agent					
	9. Name and Address of Cu	rrent Registered Agent		Name	IV. Name and Address of New Fr	egistered Agent
OALIN I	DODEDT A		_		CO D A L A L A A L A A A A A A A A A A A A	Joh
PAHL, ROBERT A. 5005 TAMIAMI TRL E				82 Street Address (P.O. Box Number is Not Acceptable)		
	S FL 33962		8			
188	J 12 00002		8	City		85 Zip Code
						FL T T
familiar wi	to the provisions of Sections 607 red agent, or both, in the State of the obligations of,	0502 and 607.1508, Florida St Florida. Such change was aut Section 607.0505, Florida Stat	atutes, the above norized by the co- utes.	-named corpo poration's bos	ration submits this statement for the puring of directors. I hereby accept the app	
SIGNATURE .	Segnature: typical or ported name of regulation		(No.104 - Helpester and As	ant signature, require		DAIL
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	PST DALE DOPERT A	DELFTE	1 1 TITL		C C C C C C C C C C C C C C C C C C C	
NAME	MADI EC EL		1.2 NAM	I ADDRESS		
STREET ADDRESS			1 4 CITY	1		
CITY - ST - ZIP TITLE	DELETE		2 1 TITL			Change Addition
NAME			2 2 NAV	:		
STREET ADDRESS			2 3 \$ 1 RE	ET ADORESS		
CITY - ST - 21F			2 4 C(f)			☐ Change ☐ Addition
TITLE		3 1 TiTL			Change Addition	
NAME			3 2 NAW			
STREET ADDRESS				EL ADDRESS		
CITY-ST-ZIP		DELETE	3.4 CiTs 4.1 tif.			Change Addition
NAME		_ better	4.2 NAN	1		
STREET ADDRESS				ET ADDRESS		
City-S1-ZIP			4.4 CIT'	-S'-ZP		
TITLE	☐ DELETE			E	Change Addition	
NAME			5.2 NAI	I .		
STREET ADDRESS			1	ET ADDRESS		
CHTY-ST-ZIF		FR OF FT		·\$1-7IP		☐ Change ☐ Addition
TITLE		DELETE	6 1 TIT 6 2 NAF			Filesande Filesande
NAME				EET ADDRESS		
STREET ADDRESS				-SI-ZIP		
CITY-S1-ZIP	1		0 4 CH	- 31 · ZII	The state of the s	D. D.Zravida, Elocida, Statutos, 1 further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and closs not qualify for the exemption statud 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 empower of to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 12 or Block 3 if chapter in a particular analysis.

SIGNATURE:

4.24.96 941.774.2811