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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation Name

DOCUMENT # J17261

(5)

NAPIER DELIGHTS.	INIC

Principal Place of	Business	
24810 SW 17 HOMESTEAD		
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Mailing Address

24810 SW 177 AVE

US	NO PL 33031	US US	FL 33031		3. Date Incorporated or Qualified 06/02/1986	3a. Da	te of Last Report 05/01/1995
2. Principal Place of Business		2a. Mailing Addres	a. Mailing Address				Applied For
21		26			FO OTOTOO A		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & Stat 23	e	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Z ip 24	Country 25	Zıp 29	30 Cou	ntry	8. This corporation has liability for Florida Statutes	intangible t	tax under s 199.032,
9. Name and Address of Current Registered Agent				10. Name and Address of New F	Registered	l Agent	
O'DANNON MATULECKLI				81 Name82 Street Addr	ess (P.O. Box Number is Not Acceptal	ole)	

103 DERBY WOODS DRIVE LYNN HAVEN FL 32444

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

33	29400	S.W.	199	AVE	
34	City Homos	lead		E) 85	Zip Code

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11.	 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named or 	corporation submits	s this statement	for the nurrose of changing its registered office
	or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's	s board of directors	s. Thereby acce	of the appointment as registered agent. Lan
	familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			printed appearant and regional adjoint. I am

or reg familia	istered agent, or both, in the State of Florida. Such chang ir with, and accept the obligations of, Section 607.0505, F	e was authorized bi lorida Statutes.	y the corporation's	board of directors. I hereby ac	ccept the appointment as registered	agent. I ani
SIGNATUR	Signature, typed or printed name of registered agord and tills if applicance	# OIL E	egistered Agent a gnature r	and short to been requestation?	FIATE	
	anglation, types of prince have on registered agree a to the high readile	INCHE THE	egisiereu Agent a ghature r	equired where reinstatings	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHAN	IGES TO OFFICERS AND DIRECTOR	RS IN 12
TITLE	PN	TT DELETE	1 1 TITLE		Change	Addition

12.	OFFICERS AND DIFIEC	TORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1 1 TITLE	Change Addition
NAME	o'Bannon, Kathleen L		1.2 NAME	29400 S.W. 199 Rule. Homestead Pl 33030
STREET ADDRESS	103 DERBY WOODS DRIVE		1.3 STREET ADDRESS	29400 5.W. 1911 1800
CITY - ST - ZIP	LYNN HAVEN FL		1.4 CITY - ST - ZIP	Homestead Pl 33030
TITLE	PSD	DELETE	2 1 TITLE	Change Addition
NAME	O'BANNON, KATHLEEN L.		2.2 NAME	1 1 A 1
STREET ADDRESS	103 DERBY WOODS DRIVE		2 3 STREET ADDRESS	29400 S.W. 199 NUE.
CITY-ST-ZIP	LYNN HAVEN FL		2.4 CITY - ST - ZIP	29400 S.W. 199 AUE. Homestead Pl 33030
TITLE		DELETE	3 1 TIFLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 C(1Y - S1 - Z(P	
TITLE		DELETE	4. 1 TITLE	Cnange Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-Z-P			4.4 CITY-ST-ZIP	
TITLE		DELETE	5 1 TIBLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-Z-P			5.4 CITY - ST - ZIP	
TITLE		☐ DELETE	6 1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-7/P			FACITY CT 710	

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 enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attaching it with an address.

SIGNATURE:

FICER OR DIRECTOR

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