

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

FILED  
Mar 25 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **J60176** (1)  
1. Corporation Name  
**NAPLES PROPERTIES, INC.**

Principal Place of Business <b>4500 EXECUTIVE DRIVE SUITE 300 NAPLES FL 33909 US</b>	Mailing Address <b>4500 EXECUTIVE DRIVE SUITE 300 NAPLES FL 33909 US</b>
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>02/27/1987</b>	
4. FEI Number <b>59-2788631</b>		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent <b>KELLY, JANET 4500 EXEC. DR SUITE 300 NAPLES FL 34119</b>		10. Name and Address of New Registered Agent		84 City <b>FL</b> 85 Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	HARDY, ROBERT	1.2 NAME	
STREET ADDRESS	4500 EXECUTIVE WAY, STE 240	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	HARDY, ROBERT PAUL	2.2 NAME	
STREET ADDRESS	4500 EXECUTIVE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	GARRIPEE, LESTER N.	3.2 NAME	
STREET ADDRESS	100 EXECUTIVE WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH, FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	HESSE, SANDRA	4.2 NAME	
STREET ADDRESS	4500 EXECUTIVE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	ST	5.1 TITLE	
NAME	KELLY, JANET	5.2 NAME	
STREET ADDRESS	4500 EXEC DR, STE 300	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 *[Signature]* **JANET KELLY** 3/15/98 (601) 597-9101

CP2E034 (10/97)