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Apr 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J82334 (0)  
1. Corporation Name  
FLORIDA PROPERTIES AND DEVELOPMENT, INC.

Principal Place of Business  
155 FIRST AVE.  
567 ELKAM CIRCLE  
MARCO ISLAND FL 33937  
US

Mailing Address  
950 N. COLLIER BLVD.  
SUITE #301  
MARCO ISLAND FL 34145-2716



2. Principal Place of Business  
21 155 FIRST AVE.  
Suite, Apt. #, etc.  
22  
City & State  
23 MARCO ISLAND, FL  
Zip  
24 34145 Country  
25 US

2a. Mailing Address  
26 950 N. COLLIER BLVD.  
Suite, Apt. #, etc.  
27 1838 40TH TERRACE SW  
City & State  
28 NAPLES, FL  
Zip  
29 34116 Country  
30 US

3. Date Incorporated or Qualified 07/09/1987 3a. Date of Last Report 04/26/1996  
4. FEI Number 65-0011529 Applied For Not Applicable  
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
KRAMER, WILLIAM D  
950 N. COLLIER BLVD  
SUITE 301  
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent  
81 Name KRAMER, WILLIAM D.  
82 Street Address (P.O. Box Number is Not Acceptable) 1838 40TH TERRACE SW  
83  
84 City NAPLES FL 85 Zip Code 34116

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 *William D. Kramer* DATE 4-1-97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
TITLE PTS  
NAME TRAVAGLIO, RAY F.  
STREET ADDRESS 921 SCOTT DR.  
CITY-ST-ZIP MARCO ISLAND FL  
[ ] DELETE  
TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE [ ] Change [ ] Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE [ ] Change [ ] Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE [ ] Change [ ] Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE [ ] Change [ ] Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE [ ] Change [ ] Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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: *Ray F. Travaglio* PRESIDENT DATE 4-1-97 94-348-0272  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0417083

CR2E034 (9/96)