SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **K32091** **(6)**

1. Corporation Name
NAPLES PLEASURE CRAFT, INC.

Principal Place of Business	Mailing Address
1010 6TH AVE SOUTH NAPLES FL 33940 US	1010 6TH AVE. SOUTH NAPLES FL 33940 US

3. Date Incorporated or Qualified: **08/31/1988**
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business
21 1100 Fifth Ave. South
Suite, Apt. #, etc
22 Suite 211
City & State
23 Naples, FL
Zip 24 34102 Country 25

2a. Mailing Address
26 1100 Fifth Ave. South
Suite, Apt. #, etc
27 Suite 211
City & State
28 Naples, FL
Zip 29 34102 Country 30

4. FEI Number: **65-0077998** ☐ 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

CREWS, ROBERT
2625 12 ST N.
FOURTH FLOOR
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name: John S. Winnie, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 1100 Fifth Ave. South
83 Suite 211
84 City: Naples, FL **FL** 85 Zip Code: 34102

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: John S. Winnie August 2, 96
(Signature, Type or Print Name of Current Registered Agent) (If NEW Registered Agent, Signature required and date required)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	11 TITLE	President	☒ Change ☐ Addition
NAME	CREWS, ROBERT		12 NAME	Dennis E. Keep	
STREET ADDRESS	2625 12TH ST		13 STREET ADDRESS	1100 Fifth Ave. South	
CITY-ST-ZIP	NAPLES FL		14 CITY ST ZIP	Suite 211 Naples, FL 34102	
TITLE		☐ DELETE	21 TITLE	Secretary	☐ Change ☒ Addition
NAME			22 NAME	John S. Winnie	
STREET ADDRESS			23 STREET ADDRESS	1100 Fifth Ave. South-Suite 211	
CITY-ST-ZIP			24 CITY ST ZIP	Naples, FL 34102	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John S. Winnie August 2, 1996 AC 941 434-9766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #