

FILE NOW: FILING FEE AFTER MAY 1 IS \$550

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mort Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **K39523** (1)

1. Corporation Name
AAA REPORTING COMPANY OF NAPLES, INC.



Principal Place of Business 2500 AIRPORT RD., S. #310 NAPLES FL 33962 US	Mailing Address 2500 AIRPORT RD., S. #310 NAPLES FL 34112-4882 US
--	---

3. Date Incorporated or Qualified 10/17/1988	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0081314	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 34112 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 34112 29 Country US 30
--	--

9. Name and Address of Current Registered Agent

**NAPIER, RONALD L., ESQ.
1570 SHADOWLAWN DR.
NAPLES FL 33942-34112**

10. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL
Zip Code 34112

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1. E <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME TAYLOR, PATTI L.		1. ME	
STREET ADDRESS 2500 AIRPORT RD., S., #310		1. EET ADDRESS	
CITY- ST- ZIP NAPLES FL 34112		1. E- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	2. E <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2. ME	
STREET ADDRESS		2. EET ADDRESS	
CITY- ST- ZIP		2. E- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3. E <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3. ME	
STREET ADDRESS		3. EET ADDRESS	
CITY- ST- ZIP		3. E- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4. E <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4. ME	
STREET ADDRESS		4. EET ADDRESS	
CITY- ST- ZIP		4. E- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5. E <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5. ME	
STREET ADDRESS		5. EET ADDRESS	
CITY- ST- ZIP		5. E- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6. E <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6. ME	
STREET ADDRESS		6. EET ADDRESS	
CITY- ST- ZIP		6. E- 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patti L. Taylor 4-24-97 941-771-2141
Date Daytime Phone #

CR2E034 (9/96)