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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

(7)

DOCUMENT # K61832

NBC REALTY OF NAPLES, INC.

FILED
Mar 03 1997 8:00am
Secretary of State

| 1 | | | | | | | | |
|---|--|--|--|----|--|---|--|---|
| l | | | | HH | | H | | W |

| 21 Surte, Apt 22 City & State 23 Zip Zip | ISLAND CT. IS FL 34134 ace of Business #. ctc. | 24851 CANARY ISLAND CT. BONITA SPRINGS FL 34134-0400 US 2a. Mailing Address 26 Suite, Apt. #. etc. 27 City & State 28 7ip Country | | | 3. Date Incorporated or Qualified 01/30/1989 10/25/1996 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired S8.75 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. | | | |
|--|--|--|-----------------------------------|---------------------|--|--------------------------|-----------------|--|
| 24 | 9. Name and Address of Curre | 29 nt Registered Agent | 30 | | Florida Statutes 10. Name and Address of New Re | Yes No gistered Agent | | |
| 2465 BON | ter, alan 1 Canary Island Court Ita Springs Fl 34134 | | 81 82 83 84 | Street Add | dress (P.O. Box Number is Not Acceptab | FL 85 | Zip Code | |
| office or n agent. La SIGNATURI | egistered agent, or both, in the Statent familiar with and accept the oblig | e of Florida, Such change was gations of, Section 607,0505, f | s authorized b Florida Statute | y the corpora s. | rporation submits this statement for the pation's board of directors. I hereby accepulation acception of the patient of the pa | DATE | t as registered | |
| TITLE HAME STREET ATORESS OFY, ST-ZIP | PD BERZIN, RUSSELL F. 24851 CANARY ISLAND CT. BONITA SPRINGS FL 34134 | DELETE | 1.1 TITLE 1.2 NAME | I ADDRESS | , and the second second | ☐ Char | | |
| THEF NAME STREET ADDRESS | SD FOSTER, ALAN 24651 CANARY ISLAND CT. BONITA SPRINGS FL 34134 |] DELETE | 2.1 TITLE 2.2 NAME | I ADDRESS | | ☐ Chai | nge Addition | |
| CHY-ST-ZIP THEE NAME STREET ADDRESS CHY-ST-ZIP | | DELETE | 31 TITLF 3.2 NAME | 1 ADDRESS | | ☐ Chai | nge 🔲 Addition | |
| TIFLE NAME STREET APPORTSS CITY ST-ZIE | | DELETE | 4.1 TITLE 4. 2 NAME | T ADDRESS | | ☐ Cha | nge Addition | |
| THE NAME STREET ADORESS COLY ST-ZE | | DELETE | 5.1 TITLE 5.2 NAME | T ADDRESS | | ☐ Cha | nge 🔲 Addition | |
| THRE NAME STHEET ACOREC CITY ST- 26 | | ☐ DELETE | 6.1 TITLE 6.2 NAME | T ADDRESS | | Cha | nge 🔲 Addition | |

If do hereby certify that the information supplied with this taking closs not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Flutther 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 of the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 inchanged, or on the information with an address.

SIGNATURE:

2/24/97 94

941-495-7634