## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

14. I do hereby certify that the information supplied

appears in Block 12

information indicated on this annual report or sur I am an officer or director of the percoration or the

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in address

**FILED** AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) **PROFIT** Aug 04 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 **DIVISION OF CORPORATIONS** DOCUMENT # 1. Corporation Name K74881 (9) ACP NAPLES CORP. Principal Place of Business Mailing Address 400 PARK AVE. 400 PARK AVE. SEVENTH FLOOR SEVENTH FLOOR NEW YORK NY 10022 **NEW YORK NY 10022** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 03/23/1989 03/27/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 26 13-3512632 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Yes Yes Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent C T CORPORATION SYSTEM 81 Name 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 Zip Code 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE Addition 1.1 TITLE BODINI, DANIELE D. aniele D NAME 1.2 NAME 400 PARK AVE. - ACP, INC STREET ADDRESS 1.3 STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP 1.4 CITY-ST-ZIP WT DELETE TITLE 2.1 TITLE Addition KIEVIT, ROY E. NAME 2.2 NAME 400 PARK AVE. ACP INC. STREET ADDRESS 2.3 STREET ADDRESS NEW YORK, NY. CITY-ST-ZIP 2 4 CHY-ST-ZIP DELETE TITLE 31 TITLE Addition VIENER, JOHN D. NAME 3.2 NAME 620 5TH AVE. STREET ADDRESS **3 3 STREET ADDRESS NEW YORK NY** CITY-ST-ZIP 34. CITY-ST-ZIP DELETE TITLE Change Addition 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE **5.1 TITLE** NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the

of is true and accurate and that my signature shall have the same logal effect as if made under oath; that impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name