

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

FILED
Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K95743 (6)

1. Corporation Name
DESOTO REALTY ASSOCIATES, INC.



Principal Place of Business 15000 OLD 41 NORTH NAPLES FL 34110 US	Mailing Address 15000 OLD 41 NORTH NAPLES FL 34110-8415 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 06/15/1989	3a. Date of Last Report 07/19/1996
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4. FEI Number 65-0146293	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	

9. Name and Address of Current Registered Agent GARGIULO, JEFFREY 15000 OLD 41 NORTH NAPLES FL 33983		10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE D <input type="checkbox"/> DELETE	GARGIULO, DEWEY
NAME	15000 OLD 41 NORTH
STREET ADDRESS	NAPLES FL
CITY, ST, ZIP	
TITLE D <input type="checkbox"/> DELETE	GARGIULO, JEFFREY
NAME	15000 OLD 41 NORTH
STREET ADDRESS	NAPLES FL
CITY, ST, ZIP	
TITLE D <input type="checkbox"/> DELETE	GARGIULO, JOHN
NAME	15000 OLD 41 NORTH
STREET ADDRESS	NAPLES FL
CITY, ST, ZIP	
TITLE D <input type="checkbox"/> DELETE	PROCACCI, MICHAEL
NAME	20 NAPA BLVD.
STREET ADDRESS	NAPLES FL
CITY, ST, ZIP	
TITLE D <input type="checkbox"/> DELETE	PROCACCI, JOSEPH
NAME	243 VIA PERIGNON
STREET ADDRESS	NAPLES FL
CITY, ST, ZIP	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Gargiulo, Dewey
1.2 NAME	649 5th Ave. So. #221
1.3 STREET ADDRESS	Naples, FL 34102
1.4 CITY-ST-ZIP	
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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, changed, or on an attachment with an address.

SIGNATURE: *Dewey Gargiulo* **DEWEY GARGIULO** 3/13/97 (41)436-3991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)