

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L14173** (3)

1. Corporation Name
NEAPOLITAN TRAVEL, INC.



Principal Place of Business: **878 NEAPOLITAN WAY NAPLES FL 33940**
Mailing Address: **878 NEAPOLITAN WAY NAPLES FL 33940**

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip 24 County 25
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip 29 County 30

3. Date Incorporated or Qualified: **06/29/1989**
3a. Date of Last Report: **04/24/1995**
4. FEI Number: **65-0139462** 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
**COWEN, MARTHA A.
878 NEAPOLITAN WAY
NAPLES FL 33940**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0102 and 607.1503, 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Martha A. Cowen* **MARTHA A. COWEN** 4-5-96
Signature, typed or printed name of registered agent, if not applicable. (If FEI No. 65-0139462 is used, then the name of the agent is not applicable.) DATE

12. OFFICERS AND DIRECTORS

TITLE	VPT	<input type="checkbox"/> DELETE
NAME	COGHILL, SHANNON A.	
STREET ADDRESS	878 NEAPOLITAN WAY	
CITY, ST, ZIP	NAPLES FL 33940	
TITLE	PS	<input type="checkbox"/> DELETE
NAME	COWEN, MARTHA A.	
STREET ADDRESS	475 CARICA RD	
CITY, ST, ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/for
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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)(b), 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 affidavit with an address.

SIGNATURE: *Martha A. Cowen* **MARTHA A. COWEN** 4-5-96 941-649-7767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE

CR2E034 (12/95)