

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L52450 (8)**

1. Corporation Name
NAPLES/FORT MYERS TOWN HALL, INC.



Principal Place of Business: ~~C/O BAKER & HOSTETLER, 8300 NATIONAL CITY CENTER, CLEVELAND OH 44119~~
Mailing Address: ~~C/O BAKER & HOSTETLER, 8300 NATIONAL CITY CENTER, CLEVELAND OH 44119~~

3. Date Incorporated or Qualified: **02/23/1990**
3a. Date of Last Report: **02/14/1995**

2. Principal Place of Business
21. **1300 3rd St., South**
22. **Suite 300**
23. **Naples, FL**
24. **33940**
25. **Country**
2a. Mailing Address
26. **200 S. Orange Ave.**
27. **Suite 2300**
28. **Orlando, FL**
29. **32801-3432**
30. **Country**

4. FEI Number: **65-0183538**
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
**A.G.C. CO.
2300 SUN BANK CENTER
200 S. ORANGE AVE.
ORLANDO FL 32801**

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 607.0502 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. 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 re-registering)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, JEANNE W.	
STREET ADDRESS	5308 GOLFWAY LANE	
CITY-ST-ZIP	LYNDHURST OH	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	0/P/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Wentzel, Betsy	
2.3 STREET ADDRESS	1300 Third St., South	
2.4 CITY-ST-ZIP	Naples, FL 33940	
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	400001808724	
4.4 CITY-ST-ZIP	-05/06/96--01028--004	
5.1 TITLE	***200.00	<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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ Date: **1/21/96** 216-283-0182

CR2E034 (12/95)

P.M. 5-1-96