

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
George A. Moscone  
Secretary of State  
Division of CORPORATIONS

DOCUMENT # L63507

(2)

APPROVED  
AND  
FILED

95 MAY - 1 AM 4:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Corporation

I.V.L. INC.

Principal Place of Business

C/O HENRY R. FOCKE JR.  
3038-C FEDERAL HWY  
FT. LAUDERDALE FL 33306  
US

C/O HENRY R. FOCKE JR.  
3038-C N FEDERAL HWY  
FT. LAUDERDALE FL 33306  
US

(DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business

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ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Stewart  
Secretary of State  
Division of Corporations

APPROVED  
AND  
FILED

04/07/95 - 1 AM 4:20

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L64210**

**(2)**

1. Corporation Name:

**PRODUCT DEVELOPMENT OF NAPLES, INC.**

Principal Place of Business	Mailing Address
2711 68TH ST SW NAPLES FL 33999	2711 68TH ST SW NAPLES FL 33999

2. Principal Place of Business	2a. Mailing Address		
21 Suite Apt. # off	26 Suite Apt. # off		
22 City & State	27 City & State		
23	28		
24	25	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FOSTER, ALAN S., JR 2711 68TH ST SW NAPLES FL 33999	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code

11. Pursuant to the provisions of Section 100.17(6) and 160.17(6) 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 understand the obligations of Section 100.17(6) Florida Statutes.

SIGNATURE

12. NAME TITLE ADDRESS CITY STATE ZIP	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any) NAME TITLE ADDRESS CITY STATE ZIP NAME TITLE ADDRESS CITY STATE ZIP NAME TITLE ADDRESS CITY STATE ZIP NAME TITLE ADDRESS CITY STATE ZIP NAME TITLE ADDRESS CITY STATE ZIP NAME TITLE ADDRESS CITY STATE ZIP
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14. I declare under penalty of perjury that the information supplied with this filing is substantially truthful and does not conflict with the description stated in Section 110.037(6), Florida Statutes. I further certify that the information indicated on this annual report is a complete and accurate and that my signature shall have the same legal effect and create the same liability as if made under oath that all an officer or director of the corporation or the owner or trustee empowered to execute this report as required by Chapter 100, Florida Statutes, and that my name appears in Block 12 or Block 13 (whichever is applicable) in conjunction with an attorney.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director

1/30/95 649-7944  
1106 04/07/95