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

PROFIT CORPORATION ANNUAL REPORT



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

1996 **DOCUMENT #**

L64052

(8)

WELEK	K REALTY OF NAPLES, INC	D.				 				
Principal Place of Eusiness OUAIL PLAZA/4500 EXECUTIVE DR. SUITE 200 NAPLES FL 33999 US		Mailing Address 4500 EXECUTIVE DRIV SUITE #200 NAPLES FL 33999 US	4500 EXECUTIVE DRIVE SUITE #200 NAPLES FL 33999			Date Incorporated or Qualified				
		· · · · · · · · · · · · · · · · · · ·				04/06/1990		01/199		
2. Principal Place		2a. Mailing Address 26				4. FEI Number 65-0186952		<u> </u>	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Ant. #, etc.]			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State	8			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Ζ(μ 4]	Country 25	Zip 29	30 Cour	intry		<u></u>	□No		199.032,	
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New R	egistered Ag	jent		
WEI EK	III OUADIECE									
11744 Q	III, CHARLES F. WAIL VILLAGE WAY			82	Street Addre	ess (P.O. Box Number is Not Acceptabl	e)			
NAPLES	FL 33999			83	City		· · · · · · · · · · · · · · · · · · ·	lee 🤭	- Codo	
				1 1	,		FL		p Code	
or registere familiar with SIGNATURE	od agent, or both, in the State of Flori h, and accept the obligations of, Sec	ida Such change was authoriz thon 607.0505, Florida Statutes	zed by the c	corpc	oration's board	ation submits this statement for the pur d of directors. I hereby accept the appo	ointment as re	ging its re gistered	egistered office agent. I am	
12.	Styriative type for probal name of registered ages. OFFICERS AN	thand the mapplication (NC ND DIRECTORS	O ^T E Registered	Agent	it signature required	d when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND D	VOECTO	DC IN 12	
THE T	D	DELETE	1.11	ITLE		ADDITIONS/OFFANGES TO SEE		Change	Addition	
NAM:	WELEK, III, CHARLES F.		1.2 NA				_	*		
STREET ADDRESS	11744 QUAIL VILLAGE WAY		1.3 SF	FREET :	ADDRESS					
COLY ST ZIP	NAPLES FL	FT DECETE	1401		1 - ZIP					
THEE NOON	ı	☐ DELFTE	2 1 Tr				L	Change	Addition	
NAM: STREET ADDRESS	ı		2 2 NA		ADDRESS					
City - St - Z.P	ı		2 3 SII							
TILL	• • • • • • • • • • • • • • • • • • • •	☐ DELETE	3 1 71		7211			Change	Addition	
NAME			3 2 NA	AME					-	
STREET ADDRESS			33 S ¹	THEET	ADORESS					
City-S1-Zin Tifus		□ nr.ctc	3 4 CH		r-zip			25	- Addition	
NAME		DELETE	4. 1 TI 4 2 NA				Ц	Change	☐ Addition	
STREET ADDRESS					ADDRESS					
CHY-SI ZIF			4.3 ST							
TITLE		☐ DELETE	5 1 TI					Change	☐ Addition	
NAM5			5 2 NA	AME						
STHEET ADDRESS			5.3 ST	TREF1 /	ADDRESS					
City ST ZIP		T DECETE		ITY - ST	(-ZIP			20	- 4488°	
TIBLE N CAS.		DELETE	6 1 TI				Li	Change	☐ Addition	
NAME STREET ADDRESS			6.2 NA		ADDRESS.					
City -S1-ZiP			64 CH							
14. I do hereby certify that oath, that I	the information indicated on this ann I am an officer or director of the corps	with this filing is voluntarily furnitual report or supplemental annoration for the receiver or truste on an attaching of with an additional with an additional section.	nished and onual report in	does	e not qualify fo	or the exemption stated in Section 119.0 le and that my signature shall have the is s report as required by Chapter 607, Flo	07(3)(k), Floric same legal ef orida Statutes	ia Statut fect as if and the	es. I further made under at my name	
SIGNATI		OF PRINTED NAME OF SIGNING OFFICE	ER OR DIRECT	TOR	w	1/17/96 Date		597-	-7160	