

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L71596** (5)

1. Corporation Name

SUNSET ENTERPRISES OF NAPLES, INC.



Principal Place of Business

C/O RONALD F. SUMMERS
5790 12TH AVENUE S.W.
NAPLES FL 33999

Mailing Address

C/O RONALD F. SUMMERS
5790 12TH AVENUE S.W.
NAPLES FL 33999

2. Principal Place of Business
21 **5790 Ronald F. Summers
Enterprise Avenue**

2a. Mailing Address:
26 Suite, Apt. #, etc.

22 **Unit 58-59**

27 City & State

23 **Naples, Florida**

28 Zip

24 **33942**

25 **USA**

29 Zip

30 Country

3. Date Incorporated or Qualified
05/07/1990

3a. Date of Last Report
07/19/1995

4. FEI Number

65-0287673

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

10. Name and Address of New Registered Agent

**SUMMERS, RONALD F.
5790 12TH AVENUE S.W.
NAPLES FL 33999**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P SUMMERS, RONALD F.**
STREET ADDRESS **5790 12TH AVENUE S.W.**
CITY-STATE-ZIP **NAPLES FL**

TITLE ☐ DELETE
NAME **VP SUMMERS, ROBERTA**
STREET ADDRESS **5790 12TH AVENUE S.W.**
CITY-STATE-ZIP **NAPLES, FL 33999**

TITLE ☐ DELETE
NAME **T WOJCIECHOWSKI, ANTHONY**
STREET ADDRESS **2760 GOLDEN GATE BLVD W.**
CITY-STATE-ZIP **NAPLES, FL 33984**

TITLE ☐ DELETE
NAME **S WOJCIECHOWSKI, MARY JO**
STREET ADDRESS **2760 GOLDEN GATE BLVD. W**
CITY-STATE-ZIP **NAPLES, FL 33984**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb, 26, 96 194/435-2820
Date Daytime Phone #

CR2E034 (12/95)