

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 # **L74211** (8)
1. Corporation Name
SPECIAL AFFAIRS OF NAPLES, INC.



Principal Place of Business: **5435 SHIRLEY ST. NAPLES FL 33942**
Mailing Address: **5435C SHIRLEY ST NAPLES FL 33942 US**

3. Date Incorporated or Qualified: **05/16/1990**
3a. Date of Last Report: **12/13/1995**
4. FEI Number: **65-0198205**
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

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

9. Name and Address of Current Registered Agent
**LAWRENCE, ALESE
1017 RIDGE ST.
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 607.04(2) 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 607.04(2), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS
1. TITLE: DELETE
NAME: **DPT SKINNER, DENZIL E.**
STREET ADDRESS: **13024 POND APPLE DRIVE W NAPLES FL**
CITY, STATE, ZIP: **NAPLES FL**
2. TITLE: DELETE
NAME: **VS SKINNER, MAXINE E.**
STREET ADDRESS: **13024 POND APPLE DRIVE W NAPLES FL**
CITY, STATE, ZIP: **NAPLES FL**
3. TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____
4. TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____
5. TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: Change Addition
NAME: **owner Alese Lawrence**
STREET ADDRESS: **561 20th St. N.E.**
CITY, STATE, ZIP: **Naples, FL 33964**
2. TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____
3. TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____
4. TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____
5. TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____
6. TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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: *Alese Lawrence*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

215-96

CR2E034 (12/95)