FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L85070 (5)

1. Corporate Name
CALI & ASSOCIATES, INC.

Principal Place of Business
P.O. BOX 7213
NAPLES FL 33941

Mailing Address
P.O. BOX 7213
NAPLES FL 33941

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite, Apt. # or Bldg.
22
City & State
23
ZIP
24
County
25

2a. Mailing Address
26
Suite, Apt. # or Bldg.
27
City & State
28
ZIP
29
County
30

4. FEI Number: 65-0211006
☐ 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 § 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CALI, JOSEPH
5820 22ND AVE SW
NAPLES FL 33941

10. Name and Address of New Registered Agent

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 Section 607.0502 or 617.0502, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
Title	PD	Title	☐ Change ☐ Addition
Name	CALI, JOSEPH	Name	
Street Address	5820 22ND AVE SW	Street Address	
City-State-Zip	NAPLES FL	City-State-Zip	
Title	VPD	Title	☐ Change ☐ Addition
Name	MCGINNIS, ROBERT A.	Name	
Street Address	5960 22ND AVE. S.W.	Street Address	
City-State-Zip	NAPLES FL	City-State-Zip	
Title	VPD	Title	☐ Change ☐ Addition
Name	ANDREWS, WARREN	Name	
Street Address	5931 22ND AVE. S.W.	Street Address	
City-State-Zip	NAPLES FL	City-State-Zip	
Title	SD	Title	☐ Change ☐ Addition
Name	MCGINNIS, NANCY A.	Name	
Street Address	5960 22ND AVE. S.W.	Street Address	
City-State-Zip	NAPLES FL	City-State-Zip	
Title	TD	Title	☐ Change ☐ Addition
Name	CALI, SARAH L.	Name	
Street Address	5820 22ND AVE. S.W.	Street Address	
City-State-Zip	NAPLES FL	City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	

14. I hereby certify that the information supplied with this report is true, complete, 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 with an address.

SIGNATURE: x [signature] 5/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

813 455-3478
Daytime Phone #

0483026 FP