

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N33453

(4)

1. Corporation Name

COLLIER/NAPLESCAPE 90'S, INC.



Principal Place of Business

Mailing Address

% JOHN H. KRUECKEBERG
4081 N. TAMiami TRAIL #C-105
NAPLES FL 33940-3573

% JOHN H. KRUECKEBERG
4081 N. TAMiami TRAIL #C-105
NAPLES FL 33940-3573

3. Date Incorporated or Qualified
07/26/1989

3a. Date of Last Report
10/16/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

65-0131631

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

KRUECKEBERG, JOHN H.
4081 TAMiami TRAIL NORTH
SUITE C-105
NAPLES FL 33940

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and street address

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D
STREET ADDRESS MARTIN, JAMES L.
CITY-ST-ZIP 975 5TH AVE., SOUTH
NAPLES FL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS SPROUL, JUDY
CITY-ST-ZIP 2600 GOLDEN GATE PKWY
NAPLES FL

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS OATES, EDWARD J
CITY-ST-ZIP 1321 SOLANA RD.
NAPLES FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS KRUECKEBERG, JOHN H
CITY-ST-ZIP 4081 TAMiami TRAIL N C105
NAPLES FL

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS FIALA, DONNA
CITY-ST-ZIP 851 5TH AVE N 301
NAPLES FL

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME P
STREET ADDRESS BOTNER, GEORGE
CITY-ST-ZIP 8825 E TAMiami TRAIL
NAPLES FL

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

Richard J. Baker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/95 (941) 261-6100
Date Daytime Phone

CR2E037 (12/95)

ATTACHMENT TO DOCUMENT #N33453(4)
COLLIER NAPLESCAPE 90'S INC.

BLOCK 12 - OFFICERS AND DIRECTORS
RICHARD J. BAKER - DIRECTOR/TREASURER
4200 GULF SHORE BLVD. N.
NAPLES, FL 33940