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Mar 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002617 (9)**

1. Corporation Name

**SOUTHERN EXPOSURE OF NAPLES, INC.**

Principal Place of Business

Mailing Address

P. O. BOX 990192  
NAPLES FL 33999  
US

P. O. BOX 990192  
NAPLES FL 34116-6061  
US



3. Date Incorporated or Qualified **06/09/1993** 3a. Date of Last Report **05/01/1996**

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEWART & STORTER ATTORNEYS AT LAW**  
**2121 COUNTY ROAD 951**  
**SUITE 101**  
**GOLDEN GATE 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 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KEISER, JAMES K	
STREET ADDRESS	POST OFFICE BOX 282	
CITY-ST-ZIP	NAPLES FL 33999	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	CUNNINGHAM, WILLIAM	
STREET ADDRESS	28046 EAST BROOK DR.	
CITY-ST-ZIP	BONITA SPGS. FL 33923	
TITLE	S/D	<input checked="" type="checkbox"/> DELETE
NAME	MICHAU, LESLIE	
STREET ADDRESS	2950 47TH STREET SW	
CITY-ST-ZIP	NAPLES FL 33999	
TITLE	V/D	<input checked="" type="checkbox"/> DELETE
NAME	LAIRD, ROBERT	
STREET ADDRESS	1765 COURTY AND WAY #205-C	
CITY-ST-ZIP	NAPLES FL 33962	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Donald Sloan	
STREET ADDRESS	2107 Tobago Circle	
CITY-ST-ZIP	Fort Myers, FL 33905	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *William Cunningham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/97 941-241-6249  
Date Daytime Phone # 0060137

CR2E037 (9/96)