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FILED  
Jul 13 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF  
Sandra B. M.  
Secretary of State  
DIVISION OF CORPORATIONS

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

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NAPLES FL 33999  
US



3. Date Incorporated or Qualified

06/09/1993

4. FEI Number

65-0417098

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME KEISER, JAMES K  
STREET ADDRESS POST OFFICE BOX 282  
CITY-ST-ZIP NAPLES FL 33999

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

PD  
KEISER, JAMES K  
- P.O. BOX 990023 N/A  
NAPLES, FL 34116

☒ Change ☐ Addition

TITLE PD  
NAME CUNNINGHAM, WILLIAM  
STREET ADDRESS 28046 EAST BROOK DR.  
CITY-ST-ZIP BONITA SPGS. FL 33923

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

DIRECTOR  
MAGYARI, RUDY  
5641 MASHIE CIR.  
NORTH PORT, FL 34287

☐ Change ☒ Addition

TITLE D  
NAME SLOTT, DONALD  
STREET ADDRESS 2107 TOBAGO CIRCLE  
CITY-ST-ZIP FT MEYERS FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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14. I 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

CP2E037 (10/97)