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FILED

May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P92000008311 (2)

1. Corporation Name
LINDA OF NAPLES, INC.

Principal Place of Business

3033 RIVIERA DR
S201
NAPLES FL 33940
US

Mailing Address

3033 RIVIERA DRIVE
SUITE 201
NAPLES FL 34103-2750
US

3. Date Incorporated or Qualified
12/01/1992

3a. Date of Last Report
04/12/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip
24 34103

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip
29 34103

30 Country

4. FEI Number

65-0434484

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

BUDD, DAVID G
3033 RIVIERA DRIVE
SUITE 201
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

FL

85

Zip Code
34103

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, 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

TITLE	VASD	<input type="checkbox"/> DELETE
NAME	RUBIN, LINDA	
STREET ADDRESS	3033 RIVIERA DRIVE, SUITE 201	
CITY-ST-ZIP	NAPLES FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	RUBIN, ALEX	
STREET ADDRESS	3033 RIVIERA DR S201	
CITY-ST-ZIP	NAPLES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RUBIN, BENJAMIN	
STREET ADDRESS	3033 RIVIERA DR S201	
CITY-ST-ZIP	NAPLES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BUDD, DAVID G	
STREET ADDRESS	3033 RIVIERA DR S201	
CITY-ST-ZIP	NAPLES FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	RUBIN, HARRY	
STREET ADDRESS	3033 RIVERS DR S201	
CITY-ST-ZIP	NAPLES FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ZUCCARO, SHARON M	
STREET ADDRESS	3033 RIVIERA DR S201	
CITY-ST-ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: LINDA OF NAPLES, INC.
BY: [Signature]

3/26/97

(941) 263-7700

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)