FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
JIM MOORE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000011183 (0)

1. Corporate Name

MODERN HOLDINGS OF NAPLES, INC.

Principal Place of Business

801 LAUREL OAK DRIVE
SUITE 640
NAPLES FL 33963

Mailing Address

801 LAUREL OAK DRIVE
SUITE 640
NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/11/1992

3a. Date of Last Report: 04/25/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # — 22

Suite, Apt. # — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: 65-0378401 — 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

WOODWARD, MARK J
801 LAUREL OAK DRIVE
SUITE 640
NAPLES FL 33963

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 607.0505 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 duties of registered agent. Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WOODWARD, MARK J
STREET ADDRESS	801 LAUREL OAK DRIVE SUITE 640
CITY, ST, ZIP	NAPLES FL 33963
TITLE	D
NAME	PIRES, ANTHONY P
STREET ADDRESS	801 LAUREL OAK DR SUITE 640
CITY, ST, ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
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STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is accurate 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or I am an officer or director with an address.

SIGNATURE: Mark J. Woodward 4/26/95 (813) 561-3131

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — DATE — DAYTIME PHONE NUMBER

0331270 CP