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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 # P92000011329 (9)

1. Corporation Name

BENJAMIN OF NAPLES, INC.



Principal Place of Business

3033 RIVIERA DR
STE 201
NAPLES FL 34103
US

Mailing Address

3033 RIVIERA DRIVE
SUITE 201
NAPLES FL 34103-2780
US

3. Date Incorporated or Qualified

12/11/1992

3a. Date of Last Report

04/12/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

34103

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

65-0434482

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 in tangible 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 34103

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

1.1 TITLE ☐ DELETE

1.2 NAME RUBIN, BENJAMIN

1.3 STREET ADDRESS 3033 RIVIERA DRIVE, SUITE 201

1.4 CITY-ST-ZIP NAPLES FL

2.1 TITLE ☐ DELETE

2.2 NAME BUDD, DAVID G.

2.3 STREET ADDRESS 3033 RIVIERA DRIVE, SUITE 201

2.4 CITY-ST-ZIP NAPLES FL

3.1 TITLE ☐ DELETE

3.2 NAME ZUCCARO, SHARON M

3.3 STREET ADDRESS 3033 RIVIERA DRIVE, SUITE 201

3.4 CITY-ST-ZIP NAPLES FL

4.1 TITLE ☐ DELETE

4.2 NAME RUBIN, ALEX

4.3 STREET ADDRESS 3033 RIVIERA DR STE 201

4.4 CITY-ST-ZIP NAPLES FL

5.1 TITLE ☐ DELETE

5.2 NAME RUBIN, LINDA

5.3 STREET ADDRESS 3033 RIVIERA DR STE 201

5.4 CITY-ST-ZIP NAPLES FL

6.1 TITLE ☐ DELETE

6.2 NAME RUBIN, HARRY

6.3 STREET ADDRESS 3033 RIVIERA DR STE 201

6.4 CITY-ST-ZIP NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

BENJAMIN OF NAPLES, INC.

BY: *[Signature]*

3/26/97

(941) 263-7700

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR TRUSTEE

Date

Daytime Phone #

CR2E034 (9/96)