


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Jan 15 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P93000011449 (4)
1. Corporation Name
CRB OF NAPLES, INC.



Principal Place of Business: **800 FIFTH AVENUE SOUTH SUITE 207 NAPLES FL 34102 US**

Mailing Address: **600 FIFTH AVENUE SOUTH SUITE 207 NAPLES FL 33940**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 2081 N. Tamiami Tr.	26 2081 N. Tamiami Tr.
22	27
23 Naples Florida	28 Naples Florida
24 34102 25 U.S.	29 34102 30 U.S.

3. Date Incorporated or Qualified: **02/15/1993**

4. FEI Number: **65-0386842**

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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent

**BRUGGER, CAROL R
800 FIFTH AVENUE SOUTH SUITE 207 NAPLES FL 34102**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): **2081 N. Tamiami Tr.**

83

84 City: **Naples** FL 85 Zip Code: **34102**

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: *Carol R. Brugger* DATE: **1/5/98**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRUGGER, CAROL R	
STREET ADDRESS	800 FIFTH AVENUE SOUTH SUITE 207	
CITY-ST-ZIP	NAPLES FL	
TITLE	PVST	<input type="checkbox"/> DELETE
NAME	BRUGGER, CAROL R	
STREET ADDRESS	800 FIFTH AVE. S. STE 207	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2081 N. Tamiami Trail
1.4 CITY-ST-ZIP	Naples FL 34102
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2081 N. Tamiami Trail
2.4 CITY-ST-ZIP	Naples FL 34102
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j) 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: *Carol R. Brugger* DATE: **1/5/98** **941761-2902**

CR2E034 (10/97)