

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000020561 (5)

1. Corporation Name

BROKEN CANE, INC.



Principal Place of Business

Mailing Address

3545 ANTARCTIC CIR
NAPLES FL 33962
US

3545 ANTARCTIC CIRCLE
NAPLES FL 33962
US

3. Date Incorporated or Qualified
03/15/1993

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 2043 46th St SW
Suite, Apt. #, etc.

26 2043 46th St. SW
Suite, Apt. #, etc.

22 City & State
23 Naples FL

27 Naples FL
City & State

24 Zip 33999 Country US

29 Zip 33999 Country US

4. FEI Number
65-0392048

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

10. Name and Address of New Registered Agent

NAPIER, RONALD L
1570 SHADOWLAWN DRIVE
NAPLES FL 33942

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME DPT
STREET ADDRESS DEPPEN, DEANNA
CITY - ST - ZIP 3545 ANTARCTIC CIR
NAPLES FL

TITLE ☐ DELETE
NAME DSV
STREET ADDRESS DEPPEN, DEANNA
CITY - ST - ZIP 3545 ANTARCTIC CIR
NAPLES FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1. 1 TITLE ☒ Change ☐ Addition

2. 1 NAME
3. 1 STREET ADDRESS
4. 1 CITY - ST - ZIP
2043 46th St. SW
Naples FL 33999

2. 1 TITLE ☒ Change ☐ Addition

2. 2 NAME
3. 2 STREET ADDRESS
4. 2 CITY - ST - ZIP
2043 46th St. SW
Naples FL 33999

3. 1 TITLE ☐ Change ☐ Addition

3. 2 NAME
3. 3 STREET ADDRESS
4. 3 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 is voluntarily furnished 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)