

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 # P93000057434 (1)

1. Corporation Name

BUSINESS BROKERS OF NAPLES, INC.



Principal Place of Business

501 GOODLETTE RD
STE 20-D
NAPLES FL 33940
US

Mailing Address

501 GOODLETTE RD
STE 20-D
NAPLES FL 33940
US

3. Date Incorporated or Qualified
08/09/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 1300 GULF SHORE BLVD

2a. Mailing Address

26 1300 GULF SHORE BLVD.

4. FEI Number

65-0446709

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

Suite, Apt. #, etc.

22 302

Suite, Apt. #, etc.

27 302

City & State

23 NAPLES FL

City & State

28 NAPLES FL

Zip

24 33940

Country

25 US

Zip

29 33940

Country

30 U.S.

9. Name and Address of Current Registered Agent

BEST, JAMES GORDON
444 4TH AVE N
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name BEST, JAMES GORDON
82 Street Address (P.O. Box Number is Not Acceptable)
1300 GULF SHORE BLVD
83 STE 302
84 City NAPLES FL 85 Zip Code 33940

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 JAMES GORDON BEST

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/96

12. OFFICERS AND DIRECTORS

TITLE P
NAME BEST, JAMES GORDON
STREET ADDRESS 444 4TH AVE N.
CITY - ST - ZIP NAPLES FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE BEST, JAMES GORDON ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1300 GULF SHORE BLVD STE 302
1.4 CITY - ST - ZIP NAPLES FL 33940

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
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: JAMES GORDON BEST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 941-261-7797

Date

Daytime Phone #

CR2E034 (12/95)