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FILED

May 01 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 # P93000062877 (4)

1. Corporation Name

NORTHGATE SQUARE, INC.

Principal Place of Business

% NORTH AMERICAN PROPERTIES OF S. FLORIDA  
12995 S. CLEVELAND AVE., SUITE 214  
FORT MYERS FL 33907

Mailing Address

% NORTH AMERICAN PROPERTIES OF S. FLORIDA  
12995 S. CLEVELAND AVE., SUITE 214  
FORT MYERS FL 33907-3807



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/09/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0440173

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

HAFELE, DALE G  
% NORTH AMERICAN PROPERTIES OF S. FLORIDA  
12995 S. CLEVELAND AVE., SUITE 214  
FORT MYERS FL 33907

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 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

TITLE PD ☐ DELETE

NAME WILLIAMS, THOMAS L  
STREET ADDRESS 212 E. 3RD ST., SUITE 300  
CITY-ST-ZIP CINCINNATI OH

TITLE SD ☐ DELETE

NAME WILLIAMS, WILLIAM J JR.  
STREET ADDRESS 212 E. 3RD ST., SUITE 300  
CITY-ST-ZIP CINCINNATI OH

TITLE VD ☐ DELETE

NAME GROTE, RICHARD W  
STREET ADDRESS 5240 LESTER RD., #200  
CITY-ST-ZIP CINCINNATI OH

TITLE VD ☐ DELETE

NAME HAFELE, DALE G  
STREET ADDRESS 12995 SO CLEVELAND AVE, STE 214  
CITY-ST-ZIP FT MYERS FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY-ST-ZIP

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 in an attachment with an address.

SIGNATURE: *Dale G. Hafele* DATE: *4/23/97*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # *941-270-1221*

CR2E034 (9/96)