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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90108 007 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000062877

1. Corporation Name
NORTHGATE SQUARE, INC.

Principal Place of Business Mailing Address
% NORTH AMERICAN PROPERTIES OF S. FLORIDA % NORTH AMERICAN PROPERTIES OF S. FLORIDA
12995 S. CLEVELAND AVE., SUITE 214 12995 S. CLEVELAND AVE., SUITE 214
FORT MYERS FL 33907 FORT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/09/1993
4. FEI Number
65-0440173
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 30

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	<input type="checkbox"/> DELETE
NAME	WILLIAMS, THOMAS L	
STREET ADDRESS	212 E. 3RD ST., SUITE 300	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, WILLIAM J JR.	
STREET ADDRESS	212 E. 3RD ST., SUITE 300	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GROTE, RICHARD W	
STREET ADDRESS	5240 LESTER RD., #200	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HAFELE, DALE G	
STREET ADDRESS	12995 SO CLEVELAND AVE, STE 214	
CITY-ST-ZIP	FT MYERS FL	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SD
2.3 STREET ADDRESS	WILLIAMS, W. JOSEPH, JR.
2.4 CITY-ST-ZIP	212 E. THIRD ST., STE 300 CINCINNATI, OH 45202
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 checked="" type="checkbox"/> Addition
5.2 NAME	SPREHN, SUSAN M.
5.3 STREET ADDRESS	12995 S. CLEVELAND AVE., STE 214
5.4 CITY-ST-ZIP	FT. MYERS, FL 33907
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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (11/98)