


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

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 # P93000072371 (6)					
1. Corporation Name GLENEAGLES OF NAPLES, INC.					
Principal Place of Business 19850 S. TAMiami TRAIL SUITE 301 ESTERO FL 33928 US			Mailing Address 19850 S. TAMiami TRAIL SUITE 301 ESTERO FL 33928-2112 US		
2. Principal Place of Business 21 19850 Breckenridge Dr. Suite, Apt. #, etc.		2a. Mailing Address 26 19850 Breckenridge Dr. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/19/1993	
22 City & State 23 Estero, FL Zip 33928 Country		27 City & State 28 Estero, FL Zip 33928 Country		3a. Date of Last Report 02/27/1996	
24 33928 25		29 33928 30		4. FEI Number 65-0448745	
9. Name and Address of Current Registered Agent BUTLER, GAREY F HUMPHREY & KNOTT P.A. 1625 HENDRY ST., SUITE 301 FORT MYERS FL 33901				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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: _____ (NOTE: Registered Agent signature required when reinstalling) DATE: _____					
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	1.5 Change <input type="checkbox"/> Addition <input type="checkbox"/>	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	2.5 Change <input type="checkbox"/> Addition <input type="checkbox"/>	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	3.5 Change <input type="checkbox"/> Addition <input type="checkbox"/>	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	4.5 Change <input type="checkbox"/> Addition <input type="checkbox"/>	
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	5.5 Change <input type="checkbox"/> Addition <input type="checkbox"/>	
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	6.5 Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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 on an attachment with an address.					
SIGNATURE: _____ DATE: 4/17/97					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)