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PROFIT CORPORATION **ANNUAL REPORT**

1997

CITY-ST-ZIP

appears in Block 12 or Block 13 if changed



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

FILED

Apr 29 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000073332 (7)

DDA OF NAPLES, INCORPORATED

Principal Place of Business Mailing Address 2099 PINE RIDGE ROAD 2099 PINE RIDGE ROAD NAPLES FL 35942 NAPLES FL 34109-2101 34109 3. Date Incorporated or Qualified 3a. Date of Last Report 10/22/1993 07/02/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0443508 Not Applicable 21 26 Suite Apt # etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No Country 2ip34109 Country Zip 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ERICKSON, LOUIS-S Parrish a moore 2301_C.R. 951 s (P.O. Box Number is Not Acceptable) 82 SUITE B> 83 NAPLÉS FL 33990 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 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, and accept the obligations of, Section 607.0505, Florida Statutes. Michael G Moote for Parrishi, Moore, P.A. DATE Moa Signature, typed or printed name of registered as ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AN IRECTORS 13. Change Addition DELETE 1.1 TITLE TITLE FINER Scott A. CREAMER, HILAIRE L NAME 1.2 NAME 9660 VICTORIA LN **50 EMERALD WOODS RD** 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 34109 NAPIES FL CITY-ST-ZIP 14 CHTY-ST-ZIP Addition DELETE Change SECRETARY TITLE 21 HHE FINER, SCOTT A FINER LYNNE E. 2500 MEADOW 23 STREET ADDRESS 9660 VICTORIA LN STREET ADDRESS NAPLES FL 34109 CITY-ST-ZIP 2 4 CITY-ST-ZIP Naples FL DELETE Change ___ Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY- ST-7/P CITY-\$T-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP DELFTE Change Addition TITLE 6.1 10146 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADORESS

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 recover or truster empowered to excute this report as required by Chapter 607, Florida Statutes; and that my name