

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 # **P93000088143 (1)**

1. Corporation Name

CS CORPORATION OF NAPLES, INC.



Principal Place of Business

**5551 RIDGEWOOD DRIVE
SUITE 203
NAPLES FL 33963**

Mailing Address

**5551 RIDGEWOOD DRIVE
SUITE 203
NAPLES FL 33963**

3. Date Incorporated or Qualified

12/22/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MACKIE, PAMELA S
5551 RIDGEWOOD DR.
STE. 201
NAPLES FL 33963**

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 607.0802 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 by the person who registered the change (if the registered agent is the corporation, the signature of the president or officer authorized to execute this report is required)

Signature by the person who registered the change (if the registered agent is the corporation, the signature of the president or officer authorized to execute this report is required)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

CORACE, RICHARD F

STREET ADDRESS

5551 RIDGEWOOD DR., STE. 201

CITY- ST- ZIP

NAPLES FL

TITLE

VSD

☐ DELETE

NAME

GRIFFIN, GERALD F II

STREET ADDRESS

5551 RIDGEWOOD DR., STE. 201

CITY- ST- ZIP

NAPLES FL

TITLE

VT

☒ DELETE

NAME

~~HIGH, TOM~~

STREET ADDRESS

5551 RIDGEWOOD DR., STE. 201

CITY- ST- ZIP

NAPLES FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

☐ Change ☐ Addition

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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)(a), 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 I am listed on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96 941-566-2800

CR2E034 (12/95)