

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000048354 (2)

1. Corporation Name  
NAPMAR, INC.



Principal Place of Business

Mailing Address

5129 CASTELLO DRIVE  
#2  
NAPLES FL 33940  
US

5129 CASTELLO DRIVE  
#2  
NAPLES FL 34103-1903  
US

2. Principal Place of Business

2a. Mailing Address

21 5100 N. TAMiami TRAIL  
Suite, Apt. #, etc.

26 5100 N. TAMiami TRAIL  
Suite, Apt. #, etc.

22 SUITE 201  
City & State

27 SUITE 201  
City & State

23 NAPLES, FLORIDA  
Zip Country

28 NAPLES, FLORIDA  
Zip Country

24 34103 25 U.S.

29 34103 30 U.S.

g. Name and Address of Current Registered Agent

SZEMPRUCH, DAVID J. P.A.  
5129 CASTELLO DRIVE, SUITE #2  
NAPLES FL 33940

3. Date Incorporated or Qualified  
06/27/1994

3a. Date of Last Report  
05/01/1996

4. FEI Number  
65-0509646

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

10. Name and Address of New Registered Agent

81 Name

SZEMPRUCH, DAVID J

82 Street Address (P.O. Box Number is Not Acceptable)

5100 N. TAMiami TRAIL

83

SUITE 201

84 City

NAPLES

FL

85 Zip Code  
34103

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 and printed name of registered agent, and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-7-97

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE

NAME PAZDERKA, ROBERT D  
STREET ADDRESS 1357 WEST SCHUBERT  
CITY-ST-ZIP CHICAGO IL

TITLE S ☐ DELETE

NAME SZEMPRUCH, DAVID J.  
STREET ADDRESS 5129 CASTELLO DRIVE SUITE 2  
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

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 PS ☒ 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 on an attachment with an address.

SIGNATURE:

DAVID J. SZEMPRUCH

3/21/97

941-261-8484

CR2E034 (9/96)