FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

DOCUMENT # **P94000053792 (5)**

1. Corporate Name
NAPLES FACTORY SHOPPES, INC.

Principal Place of Business
1725 UNIVERSITY DR SUITE 450
CORAL SPRINGS FL 33071

Mailing Address
1725 UNIVERSITY DR SUITE 450
CORAL SPRINGS FL 33071

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **07/20/1994**

3a. Date of Last Report

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 — County — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 — County — 30

4. FEI Number: 65-0549693 ☐ 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

7. This corporation has liability for assessable tax under s. 220.13, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SHERRIN, JEFF
1725 UNIVERSITY DR SUITE 450
CORAL SPRINGS FL 33071

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

12. OFFICER(S) AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	☐ Change ☐ Addition
NAME	SHERRIN, JEFF	1 NAME	
STREET ADDRESS	1725 UNIVERSITY DR SUITE 450	1 STREET ADDRESS	
CITY ST ZIP	CORAL SPRINGS FL 33071	1 CITY ST ZIP	
TITLE	D	2 TITLE	☐ Change ☐ Addition
NAME	SUTTON, SAM	2 NAME	
STREET ADDRESS	1725 UNIVERSITY DR SUITE 450	2 STREET ADDRESS	
CITY ST ZIP	CORAL SPRINGS FL 33071	2 CITY ST ZIP	
TITLE	D	3 TITLE	☐ Change ☐ Addition
NAME	SUTTON, ROBERT	3 NAME	
STREET ADDRESS	1725 UNIVERSITY DR SUITE 450	3 STREET ADDRESS	
CITY ST ZIP	CORAL SPRINGS FL 33071	3 CITY ST ZIP	
TITLE	D	4 TITLE	☐ Change ☐ Addition
NAME	VORSTMAN, BERT	4 NAME	
STREET ADDRESS	1725 UNIVERSITY DR SUITE 450	4 STREET ADDRESS	
CITY ST ZIP	CORAL SPRINGS FL 33071	4 CITY ST ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY ST ZIP		5 CITY ST ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY ST ZIP		6 CITY ST ZIP	

14. I/We 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)(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 above, if applicable, or on an attachment with an address.

SIGNATURE: (3 cr)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 — Date — 755-7003 x101 — Daytime Phone #

0113965 CP