

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
 AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, UNPAID AMOUNT DUE TO REINSTATE: \$475)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
 95 JUL 11 AM 9:19
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000057323 (5)

1. Corporation Name
 NAPLES AIR CENTER, INC.

Principal Place of Business Mailing Address
 230 AVIATION DRIVE 230 AVIATION DRIVE
 NAPLES FL 33942 NAPLES FL 33942

DO NOT WRITE IN THIS SPACE:

3. Date Incorporated or Qualified 08/02/1994	3a. Date of Last Report
4. FEI Number 65-0507824	Applied For Not Applicable
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. 198.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
23 City & State	27 City & State
24 Zip Country	29 Zip Country

9. Name and Address of Current Registered Agent
 RYAN, JEAN
 1167 THIRD ST. SOUTH
 NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name Brown, Dennis C.
82 Street Address (P.O. Box Number is Not Acceptable) 167 Third St. South
83 Suite 107
84 City Naples FL 85 Zip Code 33940

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]* DATE: 7/6/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GENTIL, RICHARD J
STREET ADDRESS	2440 GORDON DRIVE
CITY - ST - ZIP	NAPLES FL 33940

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, P, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	V, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Danielle Clarke	
2.3 STREET ADDRESS	230 Aviation Dr. S.	
2.4 CITY - ST - ZIP	Naples, FL 33942	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Richard J. Gentil 07-05-95 (941)643-1717
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (3/95)