

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

FILED

**May 30 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000057323 (5)
 1. Corporation Name
NAPLES AIR CENTER, INC.



Principal Place of Business 230 AVIATION DRIVE NAPLES FL 33942	Mailing Address 230 AVIATION DRIVE NAPLES FL 34104
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3. Date Incorporated or Qualified 08/02/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0507824	Applied For <input type="checkbox"/> 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. 199.032, 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.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

BROWN, DENNIS C
1167 3RD ST SOUTH
STE 107
NAPLES FL 33940

11. Pursuant to the provisions of Sections 607.0502 and 607.1518, 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]* (NOTE: Registered Agent signature required when reinstating)

10. Name and Address of New Registered Agent

81. Name: **Colgrove, Jacob**

82. Street Address (P.O. Box Number is Not Acceptable): **1570 Shadowlawn Dr.**

83. City: **Naples**

84. State: **FL**

85. Zip Code: **34104**

Date: **5/22/97**

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input checked="" type="checkbox"/> DELETE
NAME	GENTIL, RICHARD J	
STREET ADDRESS	2440 GORDON DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	CALRKE, DANIELLE	
STREET ADDRESS	230 AVIATION DR S	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	Naples, FL 34102	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CLARKE, DANIELLE	
2.3 STREET ADDRESS	4110 Looking Glass Ln #8	
2.4 CITY-ST-ZIP	Naples, FL 34112	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	T. Mark Prince	
3.3 STREET ADDRESS	2925 49th St. S.W.	
3.4 CITY-ST-ZIP	Naples, FL 34116	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	James F. Doo	
4.3 STREET ADDRESS	4585 Lakewood Blvd.	
4.4 CITY-ST-ZIP	Naples, FL 34112	
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 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: *[Signature]* **SIGNATURE REQUIRED** **84-26-97(941) 643-1717**

Signature and typed or printed name of signing officer or director. Date: Daytime Phone #

CR2E034 (9/96)