FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT

1995

APPROVED AND FILED

95 MAR -1 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000092483 (4)

1. Corporate Name

ORIOLE OF NAPLES, INC.

Principal Place of Business	Mailing Address
1690 SO. CONGRESS AVENUE STE. 200 DELRAY BEACH FL 33445	1690 SO. CONGRESS AVENUE STE. 200 DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1994

3a. Date of Last Report:

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: 65-0551606 ☐ 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 Affiliated

9. Name and Address of Current Registered Agent

NUNEZ, ANTONIO
1690 SO. CONGRESS AVENUE STE. 200
DELRAY BEACH FL 33445

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: (Type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95

1.1 TITLE	CD	☐ Change ☒ Addition
1.2 NAME	Levy, Richard D.	
1.3 STREET ADDRESS	1690 S. Congress Avenue, Suite 200	
1.4 CITY-ST-ZIP	Delray Beach, FL 33445	
2.1 TITLE	PD	☐ Change ☒ Addition
2.2 NAME	Levy, Mark A.	
2.3 STREET ADDRESS	1690 S. Congress Avenue, Suite 200	
2.4 CITY-ST-ZIP	Delray Beach, FL 33445	
3.1 TITLE	VD	☐ Change ☒ Addition
3.2 NAME	Hubshman, E. E.	
3.3 STREET ADDRESS	1690 S. Congress Avenue, Suite 200	
3.4 CITY-ST-ZIP	Delray Beach, FL 33445	
4.1 TITLE	VTD	☐ Change ☒ Addition
4.2 NAME	Nunez, Antonio	
4.3 STREET ADDRESS	1690 S. Congress Avenue, Suite 200	
4.4 CITY-ST-ZIP	Delray Beach, FL 33445	
5.1 TITLE	SD	☐ Change ☒ Addition
5.2 NAME	Levy, Harry A.	
5.3 STREET ADDRESS	1690 S. Congress Avenue, Suite 200	
5.4 CITY-ST-ZIP	Delray Beach, FL 33445	
6.1 TITLE	V	☐ Change ☒ Addition
6.2 NAME	Gravett, Stephen E.	
6.3 STREET ADDRESS	1690 S. Congress Avenue, Suite 200	
6.4 CITY-ST-ZIP	Delray Beach, FL 33445	

14. I 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 annual report 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 of changed/added on an attached format with an address.

SIGNATURE: A. Nunez, Sr. Vice President 2/22/95 (407) 274-2000

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003500 FP