FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000092483 (4)**

1. Corporation 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

3. Date Incorporated or Qualified: **12/22/1994**
3a. Date of Last Report: **03/01/1995**
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 **Affliated**

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State:	28 City & State:
24 Zip	25 County	29 Zip	30 County

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 607.0505 and 607.1505, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	LEVY, RICHARD D.		2 NAME	
STREET ADDRESS	1690 S. CONGRESS AVE STE 200		3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	LEVY, MARK A.		6 NAME	
STREET ADDRESS	1690 S. CONGRESS AVE STE 200		7 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		8 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	9 TITLE	☐ Change ☐ Addition
NAME	HUBSHMAN, E.E.		10 NAME	
STREET ADDRESS	1690 S. CONGRESS AVE. STE 200		11 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		12 CITY-ST-ZIP	
TITLE	VTD	☐ DELETE	13 TITLE	☐ Change ☐ Addition
NAME	NUNEZ, ANTONIO		14 NAME	
STREET ADDRESS	1690 S. CONGRESS AVE STE 200		15 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		16 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	17 TITLE	☐ Change ☐ Addition
NAME	LEVY, HARRY A.		18 NAME	
STREET ADDRESS	1690 S. CONGRESS AVE STE 200		19 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		20 CITY-ST-ZIP	
TITLE	V	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	GRAVETT, STEPHEN A.		22 NAME	
STREET ADDRESS	1690 S. CONGRESS AVE. STE 200		23 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		24 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this report is true, complete 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 report or supplemental 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 added above with an address.

SIGNATURE: A. Nunez, Sr. Vice President 03/28/96 (407) 274-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

CR2E034 (12/95)

3-30-1996 pm