FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

SIGNATURE:

1	996	DIVISION O			
DOCUM 1. Corporation f		00032767 (2	2)		
	NAPLES CORP.				
Principal Place o	of Business	Mailing Address			100 11110 11011 10010 B1114 FDB1 F001
168 PINE HILL WAKEFIELD R		188 PINE HILL ROAL WAKEFIELD RI 0287			
				3. Date incorporated or Qualified 3a. 04/26/1995	Date of Last Report
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number 2   8213 6	Applied For Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
2 City & State		City 8 State		6. Election Campaign Financing	\$5.00 May Be
<b>3</b>	Country	<b>28</b> Zip	Country	This convoration has liability for intangit	
4	25	29	30	Florida Statutes Yes No. 10. Name and Address of New Registe	
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Curr	ent negistered Agent	81 Name	19. Figure and Addition of tem Hogiste	
VOI PF	MICHAEL J ESQ.			ress (P.O. Box Number is Not Acceptable)	
	MIAMI TRAIL NORTH		82 Street Aud	yess (F.O. DOX NUMBER IS NOT ACCEPTAGE)	
SUITE 3	30		83		
NAPLES	FL 33940		84 City		85 Zip Code
		22			FL S Project of the
or registers	othe provisions of Sections 607.05 ed agent, or both, in the State of Fic	orida. Such change was a itho	utes, the above hamed corporized by the corporized by the corporized by	oration sultrinits this statement for the purpose of and of directors. Thereby accept the appointme	nt as registered agent. I am
famil ar with	n and accept the obligations of, Se	ection 697 1/5057 Horida Statut	s. Thes	4/	12/96
SIGNATURE _	Signature Types - profest name of registered as	Japan Cappi atm 7/	NOTE Sequenced Agreet segment are requir	nd where or Safrey' (2)	SIE /
12.	OFFICERS/	NO PRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12  Change Addition
TITLE	PTD / Rose, anthony J Jr.		1 1 TILLE 12 NAME		Ondage Addition
NAME CIRCULADORECC	188 PINE HILL ROAD		13 SIREEL ADDRESS		
STREET ADDRESS CITY - ST - ZIP	WAKEFIELD RI 02879		1.4 C/TY+ST+ZiP		
TITLE	D	☐ DELETE	2 1 100		Change Addition
NAME	ROSE, KATHLEEN A		2.2 NAME		
STREFT ADDRESS	188 PINE HILL ROAD		2.3 STEFF1 ACCRESS		
CITY - ST - ZIP	WAKEFIELD RI 02879	C Care	2.4 CHY ST-ZIP		Change Addition
TITLE		☐ DELETE	3 1 MLE .		C) one-sign C) Manifoli
STREET ADDRESS			3.3 STREET ADORESS		
CITY-ST-ZIP			34 O(17-\$1-7)P		
TITLE		DELETE	4 1 TITLE		Change Addition
NAME			4 2 NAME	ومنتقل ومنتقل ومنتقل المنتقل ومنتقل ومنتقل ومنتقل ومنتقل	
STREET ADDRESS			4.3 STHEFT ACORESS	800001800 -04/30/3601011-	ンU당 042
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP 5.1 TILLE	***200.00	The Change Addition
TITLE		☐ pert it	5 2 NAME	-10-10-10-10-10-10-10-10-10-10-10-10-10-	
NAME STREET ACCRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 C TY - ST - ZiP		
TITLE		☐ DELFIE	6 'TITLE		Change Addition
NAME			6.2 NAME		
STREET ADURESS			6.3 STHEET ADDRESS		
CITY-ST-ZIP			6 4 C(TY - ST - Z)P		Li Florido Ototutos I fuebos
14. I do hereb certify that oath; that appears in	ly certify that the information suppli- t the information indicated on this a I am an officer or director of the co n Block 12 or Block 13 if changed	en with this filing is voluntarily inhual report or supplemental a imporation or the receiver or tru or on an attachment with an a	urnished and does not gualify armual report is true and accu- stee empowered to execute to adress.	y for the exemption stated in Section 119.07(3), trate and that my signature shall have the same this report as required by Ozapter 607, Florida	legal effect as if made under Statutes; and that my name

## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996		5)	DIVISION OF C	ORPORATIONS	
DOCU 1. Corporation	IMENT #	N4034	07			
SE	ALOFT I	I OWNERS A	SSOCIA	TION, I	NC.	
Principal Plac	ce of Business		Mailing A	ddress		
						3. Date Incorporated or Qualified 3a. Date of Last Report 10/12/90 04/24/95
2. Principal Place of Business			2a. Mailing	Address		4. FEI Number Applied For
21 109-D Highway 98 East				0. Box 3	83	59-3042164 Not Applicable
Suite, Apt. #, etc			$\vdash$	Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
City & Stat	ite		27 City 8	Stato		Fee Required
	in, FL		<u> </u>	stin, FL		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fens
Zıp		Country	Z <sub>i</sub> p	SCIII, PL	Country	Trust Fund Contribution Added to Feas  8. This corporation has liability for intangible tax under s. 199.032,
24 3254					o Okaloosa	Florida Statutes Yes ANo
	9. Name ar	d Address of Current	Registered A	gent		10. Name and Address of New Registered Agent
					81 Name ພ	illiam D. Vickers
					82 Street	Address (P.O. Box Number is Not Acceptable) 09-D Highway 98 East
						09-D Highway 98 East
					83	
					84 City	85 Zip Code
11 Pursuant	to the provision	s of Spations 617 0502	and 617 1500	Florida Ctotidae	De	estin <b>FL</b> 32541
Office Of I	registered agen	i, or oom, in the State c	i Fiorida, Suci	i change was au	Indrized by the cord	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	William With,	and accept the obligat	ions of Section	n 617.0503 Flori	da Statutes	March 15, 1996
12.	Signature typed or p	preited name of registered agent		e (NOTE	Registered Agent's gnature	required when reinstating) DATE
TITLE	T	OFFICERS AND	DIRECTORS	DELETE	13. 11 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PD
NAME				L Decere	12 NAME	••
STREET ADDRESS					13 STREET ADDRESS	Lena T. Aber
CITY - ST - ZIP					1.4 CITY - ST - ZIP	2716 Highway 98 East, #101
TITLE			······································	DELETE	21 DTLF	Destin, FL 32541 SD ★ Change Addition
NAMÉ					2 2 NAME	Marian Cunningham
STREET ADDRESS					23 STREET ADDRESS	2716 Highway 98 East, #105
CITY - ST - ZIP					2 4 CITY-S1-ZIP	Destin, FL 32541
TIFLE				DELETE	3 1 TiTLE	TD Change Addition
NAME	í				3.2 NAME -	
STREET ADDRESS						Jim Forrester
CITY - ST - ZIP	1				3 3 STREET ADDRESS	6317 Panorama Drive
				Los szé	3.4 CITY-ST-ZIP	6317 Panorama Drive Brentwood, TN 37027
TITLE				DELETE	34 CITY-ST-ZIP 41 TITLE	6317 Panorama Drive
NAME				DELETE	3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	6317 Panorama Drive Brentwood, TN 37027
NAME STREET ADORESS				DELETÉ	3 4 CITY - ST - ZIP 4 1 TITLE 4 2 NAME 4 3 STREFF ADDRESS	6317 Panorama Drive Brentwood, TN 37027  Change Addition
NAME STREET ADORESS CITY-ST-ZIP					3 4 CITY - ST - ZIP 4 1 TITLE 4 2 NAME 4 3 STREFT ADDRESS 4 4 CITY - ST - ZIP	6317 Panorama Drive Brentwood, TN 37027  Change Addition  00001800510  04/30/96-01011-043
NAME STREET ADDRESS CITY-ST-2IP THLE				DELETE	34 CITY-ST-ZIP 41 TITLE 4 2 NAME 4 3 STREF! ADDRESS 4 4 CITY-ST-ZIP 51 TITLE	6317 Panorama Drive Brentwood, TN 37027
NAME STREET ADDRESS CITY-SI-ZIP THLE NAME					34 CITY-ST-ZIP 41 TITLE 4 2 NAME 4 3 STREFT ADDRESS 4 4 CITY-ST-ZIP 51 TITLE 52 NAME	6317 Panorama Drive Brentwood, TN 37027  Change Addition  00001800510  04/30/96-01011-043
NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS					34 CITY-ST-ZIP 41 TITLE 4 2 NAME 4 3 STREFT ADDRESS 4 4 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREFT ADDRESS	6317 Panorama Drive Brentwood, TN 37027  Change Addition  00001800510  04/30/96-01011-043
NAME STREET ADDRESS CITY-SI-ZIP THLE NAME					34 CITY-ST-ZIP 41 TITLE 4 2 NAME 4 3 STREFT ADDRESS 4 4 CITY-ST-ZIP 51 TITLE 52 NAME	6317 Panorama Drive Brentwood, TN 37027  Change Addition  OCOUNT BOOS 10  04/30/96 - 01011 - 043 Change Addition  ***61.25
NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP				∐ DELETE	3 4 CITY - ST - ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP	6317 Panorama Drive Brentwood, TN 37027  Change Addition  00001800510  04/30/96-01011-043
NAME STREET ADDRESS CITY-ST-2IP THLE NAME STREET ADDRESS CITY-ST-ZIP THLE				∐ DELETE	3 4 CITY - ST - ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 6 1 TITLE	6317 Panorama Drive Brentwood, TN 37027  Change Addition  OCOUNT BOOS 10  04/30/96 - 01011 - 043 Change Addition  ***61.25
NAME STREET ADDRESS CITY-ST-2IP THLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME				∐ DELETE	3 4 CITY-ST-ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP 6 1 TITLE 6 2 NAME	6317 Panorama Drive Brentwood, TN 37027  Change Addition  OCOUNT BOOS 10  04/30/96 - 01011 - 043 Change Addition  ***61.25
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 114. Lightheret	by certify that th	e information supplied.	with this filing	DELETE	34 CITY-ST-ZIP 41 TIFLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY-ST-ZIP 51 TIFLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP 61 TIFLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY-ST-ZIP	6317 Panorama Drive Brentwood, TN 37027  Change Addition  OCOUNT BOOS 10  04/30/96 - 01011 - 043 Change Addition  ***61.25

March 15, 1996

Lena T. Aber

(904) 837-7797 — Dayling Phone # — 4-2896