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FILED
May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000033733 (3)

1. Corporation Name

INDEPENDENT TITLE OF NAPLES, INC.

Principal Place of Business

Mailing Address

838 ANCHOR RODE DR.
NAPLES FL 33940
US

838 ANCHOR RODE DR.
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1995

4. FEI Number

65-0575068

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 838 ANCHOR RODE DR

26 838 ANCHOR RODE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 A

27

City & State

City & State

23 NAPLES FL

28 NAPLES, FL

Zip

Country

Zip

Country

24 33940

25 USA

29 33940

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRANK, ANN T.
2124 AIRPORT RD
SUITE 102
NAPLES FL 34112

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

ANN T. FRANK

Ann T. Frank

4/27/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME CALI, MARYELLEN
STREET ADDRESS 838 ANCHOR RODE DR.
CITY-ST-ZIP NAPLES FL 33940

TITLE V-P
NAME LANG, ANNETTE
STREET ADDRESS 838 ANCHOR RODE DR.
CITY-ST-ZIP NAPLES FL 33940

TITLE V-P
NAME EUALKA, HOWARD
STREET ADDRESS 838 ANCHOR RODE DR.
CITY-ST-ZIP NAPLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE V-P
3.2 NAME EGALKA, HOWARD
3.3 STREET ADDRESS 838 ANCHOR RODE DRIVE
3.4 CITY-ST-ZIP NAPLES, FL 33940

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
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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:

Ann T. Frank

4/27/98

941-649-8855

CR2E034 (10/97)