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 # **P95000062872 (3)**

1. Corporation Name

BUTTERFLY OF NAPLES CORP.

Principal Place of Business	Mailing Address
1778 YORK ISLAND DR. NAPLES FL 33962	1778 YORK ISLAND DR. NAPLES FL 33962

3. Date Incorporated or Qualified: 08/15/1995

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26 c/o Euro American Fin.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 5121 Castello #2
City & State 23	City & State 28 Naples
Zip 24 / Country 25	Zip 29 33940 / Country 30 Collier

4. FEI Number: 52-1975308 ☐ 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

9. Name and Address of Current Registered Agent

~~GUDRUN MARIA NICKEL, P.A.~~
~~350 FIFTH AVENUE SOUTH, #200~~
~~NAPLES FL 33940~~

10. Name and Address of New Registered Agent

81 Name: James AmBurn
82 Street Address (P.O. Box Number is Not Acceptable): c/o Euro American Financial
83: 5121 Castello #2
84 City: Naples FL 85 Zip Code: 33940

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: James AmBurn James AmBurn 6/20/96
(Signature, type or printed name of person signing) (Signature of person named as registered agent) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	METZEN, JURGEN		1.2 NAME	
STREET ADDRESS	1778 YORK ISLAND DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33962		1.4 CITY-ST-ZIP	
TITLE	DVS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	METZEN, IRENE		2.2 NAME	
STREET ADDRESS	1778 YORK ISLAND DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33962		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	800001880628
STREET ADDRESS			5.3 STREET ADDRESS	-07/01/96--01039--032
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***200.00
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

5-1-96

14. I do 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 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: J. METZEN 04/22/1996 941/7749178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)