FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

APPROVED 7/9/97
AND
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1997 JUL 17 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P95000072293 (0)

1. Corporation Name

NAPLES PLAZA, INC.

Principal Place of Business	Mailing Address
626 Gulf Shore Blvd. South Naples, FL 33940	Post Office Box 893 Bloomfield Hills, MI 48303-0893

3. Date Incorporated or Qualified: 09/18/1995	3a. Date of Last Report: 04/23/1996
4. FEI Number: 65-0613364	☐ 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	

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

9. Name and Address of Current Registered Agent

Aronoff, Arnold Y.
626 Gulf Shore Boulevard, South
Naples, FL 33940

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 _____ (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	DPTS	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Arnold Y. Aronoff		12 NAME	000002240930--4
STREET ADDRESS	626 Gulf Shore Blvd. South		13 STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 33940		14 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Gail Shelby		22 NAME	
STREET ADDRESS	1201 Hays Street		23 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32301		24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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: Gail Shelby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gail Shelby Asst. Secretary
Date 7/15/97 Daytime Phone #

pg 2 of 2

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 465799 9725B

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 558.75

ORDER DATE : July 17, 1997

ORDER TIME : 1:49 PM

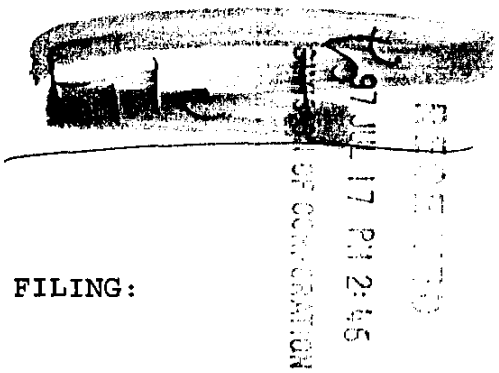
ORDER NO. : 465799-035

CUSTOMER NO: 9725B

CUSTOMER: Ms. Carla Campbell
Roetzel & Andress
Trainon Centre, Third Floor
850 Park Shore Drive
Naples, FL 34103

ANNUAL REPORT FILING

NAME: NAPLES PLAZA, INC.



XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS: _____