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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P95000089624 (7) **DOCUMENT #** NAPLES HOTEL CORPORATION Principal Place of Business Mailing Address 1100 LINTON BOULEVARD 1100 LINTON BOULEVARD SUITE C9 SUITE C9 **DELRAY BEACH FL 33444** DELRAY BEACH FL 33444 3. Date Incorporated or Qualified 3a. Date of Last Report 11/22/1995 2a. Mai 2. Principal Place of Business Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State 6. Election Campaign Financing **\$5.00** May Be 23 Trust Fund Contribution Added to Fees Country Zip 8. This corporation has liability for intangible tax under s 199,032 24 25 29 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name **C T CORPORATION SYSTEM** 82 Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 83 84 City 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. Thereby 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 (12/95)12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 TITLE DELETE 1. 1 TOLE WALSH, MICHAEL P NAME 1.2 NAME CR2E034 1100 LINTON BOULEVARD, SUITE C9 STREET ADDRESS 1.3 STREET ADDRESS **DELRAY BEACH FL 33444** CITY-ST-ZIP 1.4 CHTY - ST - 7IP TITLE □ DELETE 2.1 DILE Change [] Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 DITY-ST-ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CHY-ST-ZIP TITLE DELETE 4. 1 TITLE ☐ Change Addition NAME **4.2 NAME** STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CI1Y - ST - ZIP TITLE □ DELETE 5 1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 100001840591 CITY-ST-ZIP -05/28/96--01029--016 5 4 CITY - ST - 7IP TITLE DELETE 6 1 THEFE Addition ***208.75 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADORESS CITY-ST-ZIP 6.4 CITY - \$1 - ZIP 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)(k), 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 Bloc an address

SIGNATURE:

NATURE AND TYPES OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

407279 9900

Dayt me Phone