

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 # P95000089624 (7)

1. Corporation Name

NAPLES HOTEL CORPORATION



Principal Place of Business

1100 LINTON BOULEVARD  
SUITE C9  
DELRAY BEACH FL 33444

Mailing Address

1100 LINTON BOULEVARD  
SUITE C9  
DELRAY BEACH FL 33444

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

21: 26: P.O. Box 4727  
22: 27: Portsmouth NH  
23: 28: 03802  
24: 29: 30

3. Date Incorporated or Qualified

11/22/1995

3a. Date of Last Report

4. FEI Number

☒ 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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D WALSH, MICHAEL P	1100 LINTON BOULEVARD, SUITE C9	DELRAY BEACH FL 33444	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			
				3.2 NAME			
				3.3 STREET ADDRESS			
				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			
				6.3 STREET ADDRESS			
				6.4 CITY-ST-ZIP			

100001840591

-05/28/96--01029--016

\*\*\*208.75

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

407 279 9900

Date

Daytime Phone #

CR2E034 (12/95)