

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000008322 (5)

1. Corporation Name

NAPCO OF NAPLES, INC.

Principal Place of Business

1221 GULFSHORE BLVD. N. #202  
NAPLES FL 33940

Mailing Address

1221 GULFSHORE BLVD. N. #202  
NAPLES FL 34102-4909

FILED  
Apr 11 1997 8:00am  
Secretary of State



2. Principal Place of Business

21 1221 GULFSHORE BLVD. N.  
Suite, Apt. #, etc.

2a. Mailing Address

26 1221 GULFSHORE BLVD. N.  
Suite, Apt. #, etc.

22 202

27 202

City & State

23 Naples, Florida

28 Naples, Florida

Zip

24 34102

25 USA

29 34102

30 USA

9. Name and Address of Current Registered Agent

PACE, DON H  
1221 GULFSHORE BLVD. N. #202  
NAPLES FL 33940

81 Name

Don H.

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 607.1608, 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:

Don H. Pace

April 7, 1997

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Don H. Pace		1.2 NAME
STREET ADDRESS	1221 GULFSHORE BLVD. N. #202		1.3 STREET ADDRESS
CITY-ST-ZIP	Naples, FL 34102-4909		1.4 CITY-ST-ZIP
TITLE	Vice President	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bonnie L. Pace		2.2 NAME
STREET ADDRESS	1221 GULFSHORE BLVD. N. #202		2.3 STREET ADDRESS
CITY-ST-ZIP	Naples, Florida 34102-4909		2.4 CITY-ST-ZIP
TITLE	Bryan J. Pace	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bryan J. Pace		3.2 NAME
STREET ADDRESS	5419 S. Ellis Avenue		3.3 STREET ADDRESS
CITY-ST-ZIP	Chicago, IL 60615		3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

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:

Don H. Pace REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 7, 1997 (817)229-4563  
Daytime Phone #  
0409817

CR2E034 (9/96)