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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000012883 (0)

NAPLES HERITAGE REALTY, INC.

Principa	Place of Business	

Mailing Address

FILED May 19 1997 8:00am Secretary of State



10060 AMBERWOOD RD UNIT 3 FT MYERS FL 33913			10060 AMBERWOOD RD UNIT 3 FT MYERS FL 33913-8522				
					3. Date Incorporated or Qualified 02/07/1996	3a. Date of Last	Report
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	<u> </u>	Applied For
21		26			65-0743102		Vot Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.	- 1 · · · 1		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	е	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for		s. 199.032,
24	25	[29]	30			Yes No	
CAD	9. Name and Address of Cur	ent Hegistereo Agent		81 Name	10. Name and Address of New Re	gistered Agent	
	VER, HELEN I			Name			
10060 AMBERWOOD RD UNIT 3 FT_MYERS FL 33913				82 Street Add	dress (P.O. Box Number is Not Acceptat	ole)	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			83			
				84 City		- 85 Zi	O Code
	<u> </u>			, ,		FL T	
11. Pursuant office or ragent. La	to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the ob-	502 and 607.1508, Florida Statu ate of Florida. Such change was ligations of, Section 607.0505, F	ites, the at authorized lorida Stat	pove-named cor d by the corpora utes.	rporation submits this statement for the pation's board of directors. I hereby accept	ourpose of changing of the appointment of	its registered as registered
SIGNATURE	**************************************					·	,
12.	Signature, typed or pricted name of registered OFFICERS A	ND DIRECTORS	II 13.	I Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO	DRS IN 12
TITLE	DP .	DELFTE	1.1 Tf	LE T	7.0011010701741010171	Change	
Name	Sarver, Helen I		1.2 N/	ME			
STREET ADDRESS	9232 PINEAPPLE RD		1.3 \$7	RELT ADDRESS			700
CITY-ST-ZIP	FT MYERS FL 33912		1.4 CI	TY-ST-ZIP			
TITLE	DST	DILETE	2.1 10	LF		☐ Change	Addition C
NAME	SMITH, DAVID C		2.2 N/	1			
STREET ADDRESS	18441 LEE RD FT MYERS FL 33912			REET ADDRESS			
CITY-ST-ZIP TITLE	LI MICUO LE ODRIS	DELETE	2 4 C 3.1 TI	11Y - \$1 - 7 P		Change	Addition
NAME		L.J Otte IL	3.2 N/	i		E Change	, Maniton
STREET ADDRESS			1	REET ADDRESS			
CITY-ST-ZIP				ITY - \$1 - ZIP			
TITLE		DELETE	4.1 1/			Change	Addition
NAME			4. 2 N	AME			
STREET ADDRESS	•		4.3 S1	REET ADDRESS			
CITY-ST-ZIP			4.4 CI	IY-\$1-ZIP			
TITLE		☐ DELETE	5.1 T(Lf		Change	Addition
NAME		t .	5.2 N/	.IME			
STREET ADDRESS			5.3 \$1	REE1 ADDRESS			
CITY-ST-ZIP		T) proces		1Y - S1 - Z(P		☐ Change	Addition
TITLE		☐ DELETE	6.1 11			∟ Unange	; Magnition
NAME PERCET ADDRESS			6.2 N/				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP	<u></u>		6.4 CI	IY - S1 - Z(P			

14. I do hereby certify that the information supplied with this filling 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 innual 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 of the receiver or trustoe impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name I am an officer or director of the corneration appears in Block 12 or Block 13 if changed