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

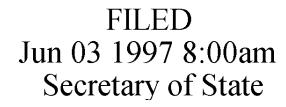
**PROFIT** CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT ®F STATE

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600091089 (8)
1. Corporation Name
NAPLES PROMOTIONAL DESIGNERS, CORP.





Fillicipal Flace of bosiness	Mailing Address								
3891 ESTEY AVENUE NAPLES FL 34104	3891 ESTEY AVENUE NAPLES FL 34104-4462								
				3. Date Incorporate 11/06/1996	orporated or Qualified 3a. Date of Last Report				
2. Principal Place of Business -	2a. Mailing Address			4 FELNumber	1-00	<b>-</b>	Ap	oplied For	
27 3419 Westview Ur.	26			59-34	10986	5 <u>a</u>	No	ot Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Stat	5. Certificate of Status Dosired See Required \$8.75 Additional				
City & State City & State				6. Election Campaign Financing \$5.00 May Be					
23 Naples, 1- L	018, 1- L 28			Trust Fund Contribution Added to Fees					
24 34104 25 Collier	Zip Country  29 30			Florida Statutes					
9, Name and Address of Current	Registered Agent		4   No	10. Name and Addr	ess of New Reg	gistered Ag	ent		
ORBEGOSO, FLOR D		8	1 Name						
~ 3891 ESTEY AVENUE ~ NAPLES FL 34104			82 Street Address (P.O. Box Number is Not Acceptable)						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		8	3						
*		8	4 City			- 1	B5 Zip	Code	
11. Pursuant to the provisions of Sections 607.0502	and 607 1609. Florida Statut	on the ebe	1	overporation submits this stat	oment for the n	FL [	eneine it	la vaniata and	
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State o agent. I am familiar with and accept the obligation	Florida Such change was a	es, me abb authorized oxido Statut	oy the cor	poration's board of directors.	I hereby accep	it the appoin	tment as	registered registered	
	(a) 7.2	onda Statut	68.					ļ	
SIGNATURE Signature: lyped or printed name of medicard apply	turu me ii sippieseste (NOT	L: Hog-stered A	gent signature	e required when reinstating)		DATE			
12. OFFICERS AND		13.		ADDITIONS/CHAN	IGES TO OFFIC				
TITLE KALSINGER !	☐ DELETE	1.1 TITLE		president		×	Change	Addition	
NAME FIOR OF DEG CSO.		1.2 NAM		FLOK ORBEE	3030	10.10			
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NAME		4. 2 NAM	ŧ						
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CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	6.4 CITY	21-51b	L					

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 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.