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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000104081 (0)

1. Corporation Name

THE NAPLES SCHOOL OF REAL ESTATE, INC.

Principal Place of Business

Mailing Address

770 S PALM AVE
SARASOTA FL 34236

770 S PALM AVE
SARASOTA FL 34236-7769

3. Date Incorporated or Qualified

3a. Date of Last Report

12/23/1996

2. Principal Place of Business

2a. Mailing Address

21 5100 North Tamiami Trail

26 5100 North Tamiami Trail

4. FEI Number

☒ Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 201

27 # 201

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 Naples, Florida

28 Naples, Florida

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 34103

25 U.S.

29 34103

30 U.S.

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLER, THOMAS E
770 S PALM AVE
SARASOTA FL 34236

81 Name Coler, Thomas E.

82 Street Address (P.O. Box Number is Not Acceptable)
5100 North Tamiami Trail

83 # 201

84 City Naples

FL 85 Zip Code 34103

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPST ☐ DELETE
NAME COLER, THOMAS E
STREET ADDRESS 770 S PALM AVE
CITY-ST-ZIP SARASOTA FL 34236

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME Coler, Thomas E.
1.3 STREET ADDRESS 5100 North Tamiami Trail, # 201
1.4 CITY-ST-ZIP Naples, Florida 34103

2.1 TITLE VP ☐ Change ☒ Addition
2.2 NAME Szempruch, David J.
2.3 STREET ADDRESS 5100 North Tamiami Trail, # 201
2.4 CITY-ST-ZIP Naples, Florida 34103

3.1 TITLE STD ☐ Change ☒ Addition
3.2 NAME Vasiloff, Anita D.
3.3 STREET ADDRESS 1440 Maravilla Avenue
3.4 CITY-ST-ZIP Fort Myers, Florida 33901

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE REQUIRED

4-24-97 941-261-8484
Date Daytime Phone # 0008637

CR2E034 (9/96)