

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthang Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000005259 (1)**

1. Corporation Name

NAPLES TAX ACCOUNTING, INC.



Principal Place of Business 10265 N. TAMiami TR, STE 5 5051 CASTELLO DR, SUITE 20 NAPLES FL 34108-34101	Mailing Address P.O. BOX 7581 5051 CASTELLO DR, SUITE 20 NAPLES FL 34108-34101
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10265 N. TAMiami TR, Suite, Apt. #, etc. 22 SUITE 5 City & State 23 NAPLES, FL Zip 24 34108	2a. Mailing Address 26 P.O. BOX 7581 Suite, Apt. #, etc. 27 City & State 28 NAPLES, FL Zip 29 FL 34101	3. Date Incorporated or Qualified 01/13/1997 4. FEI Number 59-3480881 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent SCHATSCHNEIDER, SHERRY 5051 CASTELLO DR, SUITE 20 NAPLES FL 34108-34108	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
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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 *Sherry E. Schatschneider* **SHERRY E. SCHATSCHNEIDER** **4/16/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME SCHATSCHNEIDER, SHERRY	1.1 TITLE PRESIDENT, TREASURER	1.2 NAME 9101 VANDERBILT DR # 303
STREET ADDRESS 5051 CASTELLO DR, SUITE 20	CITY-ST-ZIP NAPLES FL 34108-34108	1.3 STREET ADDRESS 9101 VANDERBILT DR # 303	1.4 CITY-ST-ZIP NAPLES, FL 34108
TITLE MARTIN, BRIAN	NAME 10265 N. TAMiami TR, STE 5	2.1 TITLE VICE PRESIDENT, SECRETARY	2.2 NAME BRIAN MARTIN
STREET ADDRESS 10265 N. TAMiami TR, STE 5	CITY-ST-ZIP NAPLES, FL 34108	2.3 STREET ADDRESS 10265 N. TAMiami TR SUITE 5	2.4 CITY-ST-ZIP NAPLES, FL 34108
TITLE 	NAME 	3.1 TITLE 	3.2 NAME
STREET ADDRESS 	CITY-ST-ZIP 	3.3 STREET ADDRESS 	3.4 CITY-ST-ZIP
TITLE 	NAME 	4.1 TITLE 	4.2 NAME
STREET ADDRESS 	CITY-ST-ZIP 	4.3 STREET ADDRESS 	4.4 CITY-ST-ZIP
TITLE 	NAME 	5.1 TITLE 	5.2 NAME
STREET ADDRESS 	CITY-ST-ZIP 	5.3 STREET ADDRESS 	5.4 CITY-ST-ZIP
TITLE 	NAME 	6.1 TITLE 	6.2 NAME
STREET ADDRESS 	CITY-ST-ZIP 	6.3 STREET ADDRESS 	6.4 CITY-ST-ZIP

14. I 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 *Sherry E. Schatschneider* **4/18/98** **911 592 9487**

CR2E034 (01/97)