**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Artham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000082910 (5) REAL ESTATE SOLUTIONS NETWORK OF NAPLES, INC. Principal Place of Business Mailing Address 9439 GULF SHORE DRIVE 9439 GULF SHORE DRIVE NAPLES FL 34108 NAPLES FL 34108 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/22/1997 2. Principal Place of Business 26. Mailing Address 26 *P.O. BOX* 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 Cily & State City & State 6. Election Campaign Financing \$5.00 May Be NAPLES 23 Trust Fund Contribution Added to Fees Country Ζιρ Country This corporation owes or has paid the current year Intangible 34108 30 COLLIER ☐ No 24 25 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SZEMPRUCH, DAVID J 5100 N TAMIAMI TRAIL 82 ddress (P.O. Box Number is N - MARSH SUITE 201 83 **NAPLES FL 34103** 84 11. Pursuant to the provisions of Soctions 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 BARBARA OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. PRES - SEC - TREMS DELEISIN TITLE PRES-SEA-TREAS-DIR 1.1 TILLE ROBERT M. WELLS P.O. BOX 770005 NAME 1.2 NAME ROBERT M. WELLS 861-915T AVE NOTH #2 NAPLES, FL 3410B STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 THILE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIF DELETE Change Addition TITLE 3.1 T(TLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

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 supplied that it 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 receive of fusice 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 at on an attempt of the receive of the receive

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

61 TITLE

6.2 NAME

DELETE

MANATURE.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME . . STREET ADDRESS

] 9 | 98 | 1-**9** 

1-941-594-1582

Change

Addition