

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

**FILED**  
**Apr 15 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 # S00811 (7)**  
 1. Corporation Name  
**J A P OF NAPLES, INC.**



Principal Place of Business  
**4251 GULFSHORE BLVD**  
**APT -18B**  
**NAPLES FL 33940**

Mailing Address  
**4251 GULFSHORE BLVD**  
**APT -18B**  
**NAPLES FL 34103-3425**

3. Date Incorporated or Qualified **09/18/1990** 3a. Date of Last Report **02/16/1996**

4. FEI Number **65-0224962** Applied for Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

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

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29

**9. Name and Address of Current Registered Agent**

**VOLPE, MICHAEL J., ESQ.**  
**801 ANCHOR RODE DR.**  
**SUITE 203, CITIZENS SQ.**  
**NAPLES FL 33940**

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

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 fee applicability

(NOTE: Registered Agent Signature required when reissuing)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PT</b>	<input type="checkbox"/> DELETE
NAME	<b>RICCIARDI, JOSEPH A.</b>	
STREET ADDRESS	<b>4005 GULF SHORE BLVD</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>RICCIARDI, MARGARET</b>	
STREET ADDRESS	<b>4005 GULF SHORE BLVD.</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>4251 GULFSHORE BLVD N. APT. 18B</b>
1.4 CITY-ST-ZIP	<b>34103</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>4251 GULFSHORE BLVD N. APT. 18B</b>
2.4 CITY-ST-ZIP	<b>34103</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, 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 *Joseph A. Ricciardi* **Joseph A. Ricciardi** **PT** **11/1/97** **941**  
**213-2014**

CR2E034 (9/96)