

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S04833 (7)
1. Corporation Name
BUYERS' REALTY OF NAPLES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4501 TAMiami TRAIL NORTH, SUITE 318
NAPLES FL 33940

Mailing Address
4501 TAMiami TRAIL NORTH, SUITE 318
NAPLES FL 33940

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/05/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0219295	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
9. Name and Address of Current Registered Agent LESTER, DON, E 4501 TAMiami TRAIL NORTH SUITE 318 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
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Secretary
NAME	LESTER, DONALD E.	1.2 NAME	Suzanne F. Lester
STREET ADDRESS	4501 TAMiami TRAIL N, #318	1.3 STREET ADDRESS	6400 16th Avenue NW
CITY-ST-ZIP	NAPLES FL 33940	1.4 CITY-ST-ZIP	Naples, FL 34119
TITLE		2.1 TITLE	Treasurer
NAME		2.2 NAME	Dean C. Lester
STREET ADDRESS		2.3 STREET ADDRESS	526 Margaret Drive, #1101
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Orlando, FL 32812
TITLE		3.1 TITLE	Vice President
NAME		3.2 NAME	Charles D. Wickliffe
STREET ADDRESS		3.3 STREET ADDRESS	27056 Jarvis Road
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Bonita Springs, FL 34135
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: DON E. LESTER, PRESIDENT 4/30/98 941-434-5858

CR2E034 (10/97)