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FILED

Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **542764**

1. Corporation Name

Capital Gains of Naples, Inc.

Principal Place of Business

Mailing Address

6 Hutton Centre Dr.
Suite 1100
Santa Ana, CA 92707

6 Hutton Centre Dr.
Suite 1100
Santa Ana, CA 92707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

April 1, 1991

4. FEI Number

65-0264698

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 6 Hutton Centre

Suite, Apt. #, etc.

22 1100

City & State

23 Santa Ana, California

Zip

24 92707

Country

25 USA

2a. Mailing Address

26 6 Hutton Centre Drive

Suite, Apt. #, etc.

27 1100

City & State

28 Santa Ana, California

Zip

29 92707

Country

30 USA

9. Name and Address of Current Registered Agent

Nationcorp Registered Agents, Inc.
526 E. Park Avenue
Tallahassee, Florida 32301

10. Name and Address of New Registered Agent

81 Name

N/A

82

Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0802 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 of person making the report and accepting the appointment

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	Christopher L. Hebard	
STREET ADDRESS	6 Via Presea Coto de Caza, CA92679	
CITY-ST-ZIP		

TITLE	Secretary	☐ DELETE
NAME	Christopher L. Hebard	
STREET ADDRESS	6 Via Presea	
CITY-ST-ZIP	Coto de Caza 92679	

TITLE	Treasurer	☐ DELETE
NAME	Christopher L. Hebard	
STREET ADDRESS	6 Via Presea	
CITY-ST-ZIP	Coto de Caza	

TITLE	Director	☐ DELETE
NAME	Christopher L. Hebard	
STREET ADDRESS	6 Via Presea	
CITY-ST-ZIP	Coto de Caza 92679	

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

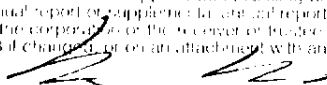
6.4 CITY-ST-ZIP

700002503221

-04/28/98--01101--005

***150.00

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 supplement 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 incorporator or authorized agent 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: 

Christopher L. Hebard

4-20-98

714-445-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)