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May 05 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 # S54445

(9)

1. Corporation Name

MARKET SQUARE PLAZA, INC.



Principal Place of Business

4200 GULF SHORE BLVD. NORTH  
NAPLES FL 33940

Mailing Address

4200 GULF SHORE BLVD. NORTH  
NAPLES FL 34103-3436

3. Date Incorporated or Qualified  
05/08/1991

3a. Date of Last Report  
03/28/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite Apt. #, etc.

22

City & State

City & State

23

Zip

Country

Zip

Country

24

34103

25

29

30

9. Name and Address of Current Registered Agent

CATALANO, ANTHONY J.  
4001 TAMiami TRAIL NORTH  
SUITE 404  
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  
34103

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME LUTGERT, SCOTT F.  
STREET ADDRESS 4200 GULF SHORE BLVD. N  
CITY-ST-ZIP NAPLES FL

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ZIP CODE 34103

☒ Change ☐ Addition

TITLE VSD  
NAME BAKER, RICHARD J.  
STREET ADDRESS 4200 GULF SHORE BLVD. N  
CITY-ST-ZIP NAPLES FL

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ZIP CODE 34103

☒ Change ☐ Addition

TITLE VAS  
NAME GUTMAN, HOWARD  
STREET ADDRESS 4200 GULF SHORE BLVD. N  
CITY-ST-ZIP NAPLES FL

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ZIP CODE 34103

☒ Change ☐ Addition

TITLE TD  
NAME GUTMAN, HOWARD  
STREET ADDRESS 4200 GULF SHORE BLVD. N  
CITY-ST-ZIP NAPLES FL

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ZIP CODE 34103

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 supplementary 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 beneficiary 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 by an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOWARD B. GUTMAN

(941) 261-6100

Date

Daytime Phone #

CR2E034 (9/96)