

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # S82301

(0)

1. Corporation Name

FIRST INTERNATIONAL OF NAPLES, INC.

Principal Place of Business

4501 N. TAMiami TRAIL
SUITE 420
NAPLES FL 33940

Mailing Address

4501 N. TAMiami TRAIL
SUITE 420
NAPLES FL 33940

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

GOODLETTE, J. DUDLEY
CUMMINGS & LOCKWOOD
3001 TAMiami TRAIL NORTH
NAPLES FL 33940

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 of person making this statement (Agent, Officer, or Director)

Signature of Registered Agent (if not the same person as above)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D

SLATER, PAUL
4501 N TAMiami TR., #420
NAPLES FL

☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D

SLATER, BARBARA
4501 TAMiami TRAIL N/ SUITE 420
NAPLES FL

☐ DELETE

2. TITLE
3. NAME
4. STREET ADDRESS
5. CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

3. TITLE
4. NAME
5. STREET ADDRESS
6. CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY-STATE-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this form was voluntarily furnished and deemed of quality for the exemption stated in Section 119.07(3)(g), 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 or authorized employee of the corporation, and that my name appears in Block 12 or Block 13 of this report or on an amendment with an addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96

CR2E034 (12/95)